

The Problem: Substance Abuse Prevalence & Trends

**AREAS OF
SUBSTANCE
ABUSE
IMPACT**

Birth Defects/
Complications

Accident
Risks

Health
Consequences

Infectious
Diseases

Crime

Violence

Family
Distress

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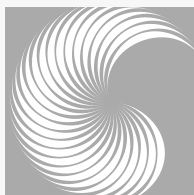
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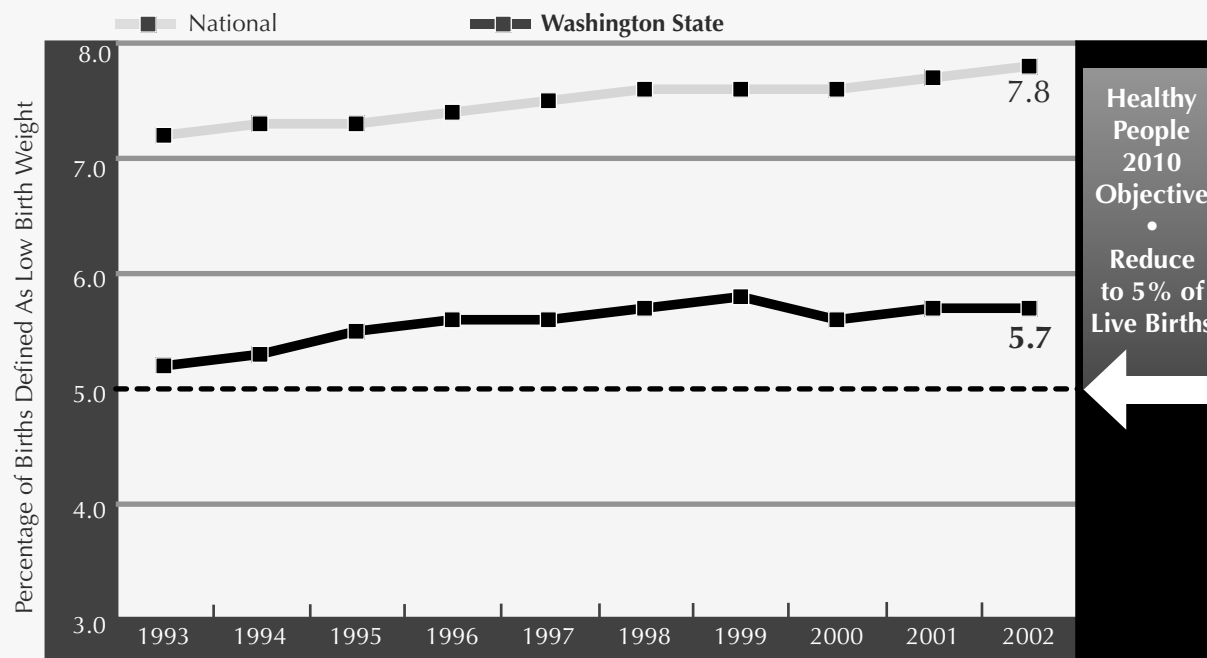
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A Lower Percentage of Low Birth Weight Babies are Born in Washington State than Nationally.



Source: National data from the National Vital Statistics System, National Center for Health Statistics, Centers for Disease Control and Prevention. State data from the Center for Health Statistics, Washington State Department of Health.

Smoking is associated with 20-30% of all low birth weight (LBW) births, as well as being the risk factor most closely associated with neonatal deaths.¹

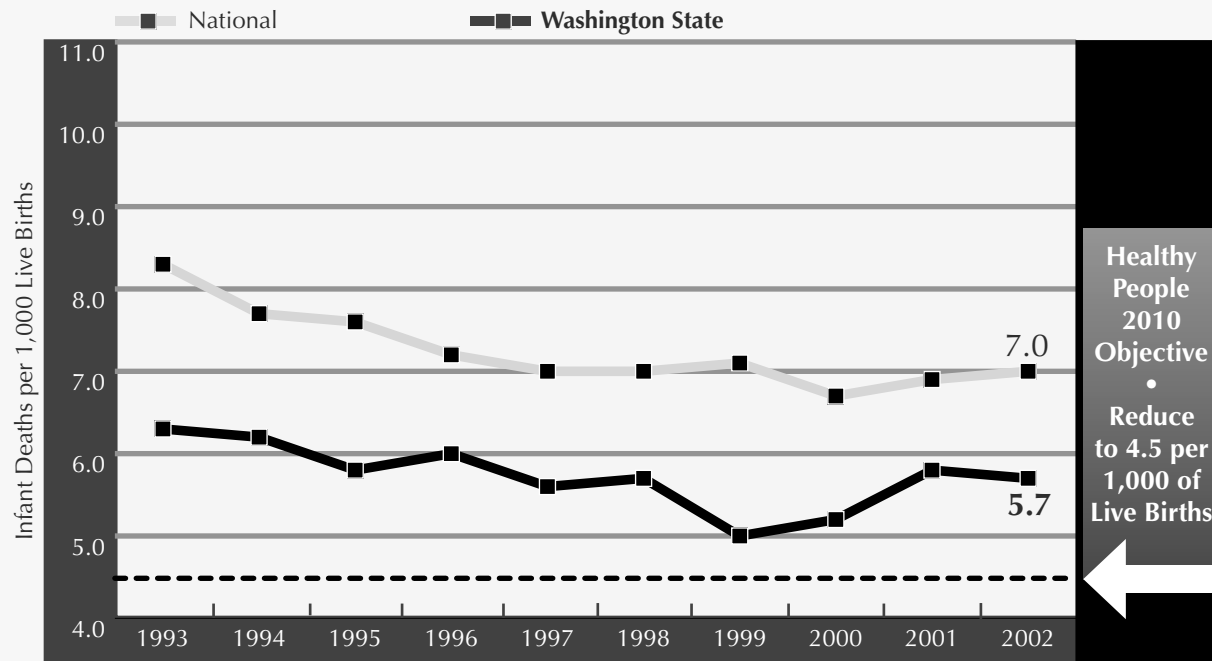
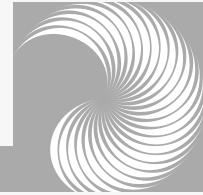
LBW infants are newborns weighing less than 2,500 grams (5 pounds, 8 ounces) and include those born prematurely and those whose intrauterine growth is retarded. LBW is associated with long-term disabilities, including cerebral palsy, autism, mental retardation, hearing impairments, and other developmental problems.² Two Washington studies reported fewer LBW births among substance-abusing women who received chemical dependency treatment during pregnancy.³

¹ U.S. Department of Health and Human Services, *Healthy People 2010* (Conference Edition), 16-4; 16-34. Washington, DC, 2000.

² Ibid.

³ Krohn, M., "Preliminary Findings for MOMS Project", *Focus*, 1993. Olympia, WA: Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse. Shrager, L., Kenny F., and Cathon, L., *Substance Abuse Treatment for Female DASA Clients: Treatments, Birth Outcomes, and Demographic Profiles*. Olympia, WA: Washington State Department of Social and Health Services, Office of Research and Data Analysis, 1993.

Washington State Has a Lower Infant Death Rate than the Nation.



Source: National data from the National Vital Statistics System, National Center for Health Statistics, Centers for Disease Control and Prevention. State data from the Center for Health Statistics, Washington State Department of Health.

There is a clear association between overall rates of alcohol use during pregnancy and infant death rates. Infant mortality rates for children born to mothers on Medicaid in Washington State and identified as substance abusers are more than twice as high as those for infants born to mothers on Medicaid not so identified.¹

Infant death rates represent the number of infants per thousand live births who die within their first year of life. Sudden Infant Death Syndrome (SIDS) accounts for nearly one-third of all infant deaths after the first month of life.² SIDS has been linked with passive smoking in the infant's environment and maternal smoking during the time period of breastfeeding.³

Washington State has had consistently lower infant death rates than the nation. Rates have been dropping for the past 15 years. Advances in medical technology, coupled with public education campaigns to ensure infants are put to sleep on their backs to lower SIDS risk, are primarily responsible for the downward trend.

¹ First Steps Database, 1990-1997. Olympia, WA: Washington State Department of Social and Health Services, Research and Data Analysis, 1999.

² U.S. Department of Health and Human Services, *Healthy People 2010* (Conference Edition), 16-1. Washington, DC, 2000.

³ Klonoff-Cohen, H. et al., "Effect of Passive Smoking and Tobacco Exposure Through Breast Milk on Sudden Infant Death Syndrome," *Journal of the American Medical Association*, March 8, 1995.

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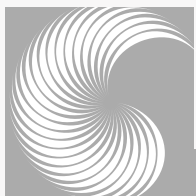
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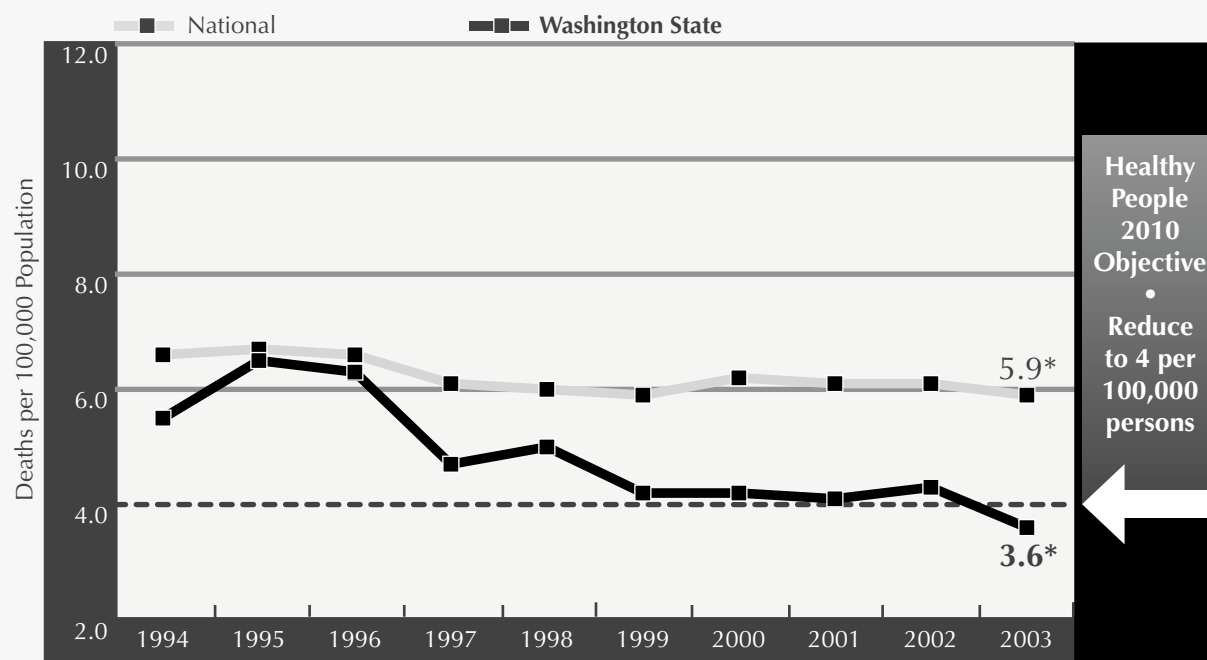
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Driving-Under-the-Influence (DUI) Statutes Implemented in 1999 in Washington State are Closely Associated with Lower Alcohol-Related Motor Vehicle Fatality Rates.



*2003 data is preliminary

Source: National data from the National Center for Statistics & Analysis, National Highway Traffic Safety Administration. State data from the Fatality Analysis Reporting System, Washington Traffic Safety Commission.

Enhancements to Washington State's Driving-Under-the-Influence (DUI) statutes, including a lowering of the blood-alcohol concentration (BAC) for a DUI determination from .10% BAC to .08% BAC, went into effect in 1999. Since then, the rate of alcohol-related motor vehicle fatalities has dropped substantially. Similar changes have been demonstrated nationwide. The alcohol-related fatality rate for youth is higher than for adults, but nationwide has dropped more than 50% since 1982, mostly as a result of enforcement of minimum drinking age laws.¹

The number of alcohol-related fatalities in Washington State has declined from 296 in 1994 to 221 in 2003, representing a drop of 25.3%.

¹ U.S. Department of Health and Human Services, *Healthy People 2010* (Conference Edition), 26-14. Washington, DC. 2000.

The Death Rate from Alcohol-Related Motor Vehicle Crashes per 100 Million Miles Traveled Now Stands at All-Time Lows.



*2003 data is preliminary

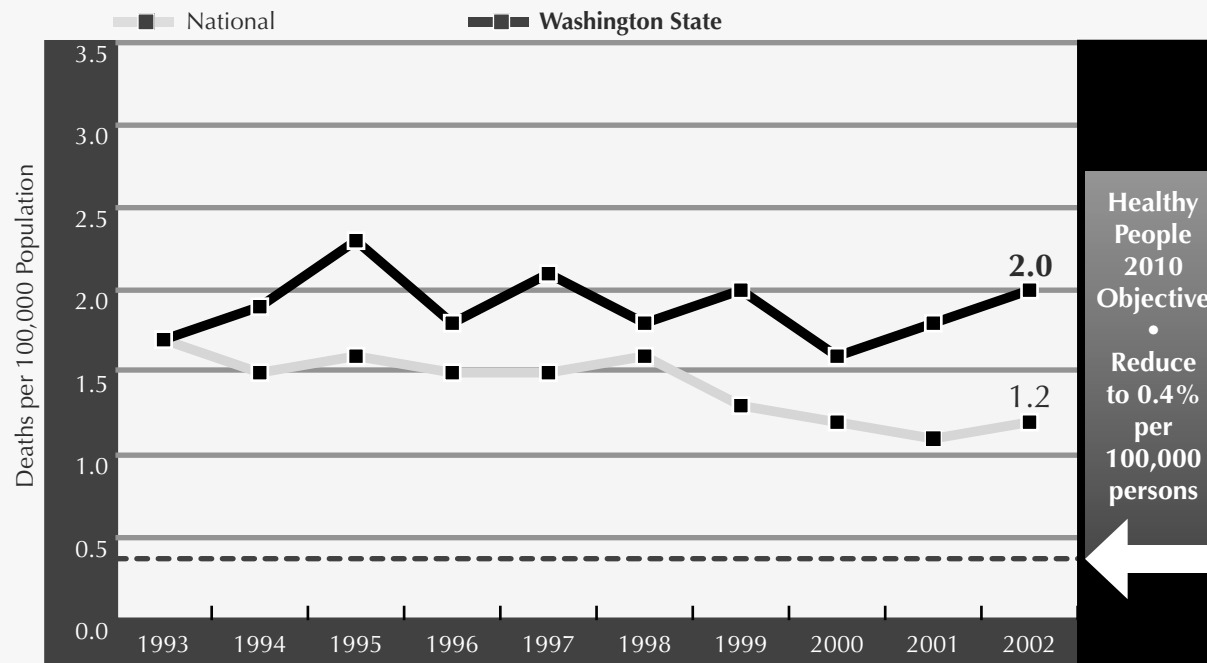
Source: National data from the National Center for Statistics & Analysis, National Highway Traffic Safety Administration. State data from the Fatality Analysis Reporting System, Washington Traffic Safety Commission.

In 2003, the motor vehicle fatality rate per 100,000 vehicle miles driven reached historic lows, both nationally and in Washington State. Lower fatalities are associated with enforcement of minimum drinking age and zero tolerance laws, and statutes setting lower blood alcohol concentration BAC standards for driving-under-the-influence.

Research indicates that the 5% of motorists who do not wear seatbelts account for over 50% of individuals killed in traffic crashes. Unbuckled motorists are more likely to engage in high-risk driving behaviors such as drunk driving and speeding, and are more likely to die when a crash occurs.¹



Washington State Has a Higher Rate of Deaths Due to Drowning than the Nation.



Source: National data from the National Vital Statistics System, National Center for Health Statistics, Centers for Disease Control and Prevention. State data from the Center for Health Statistics, Washington State Department of Health.

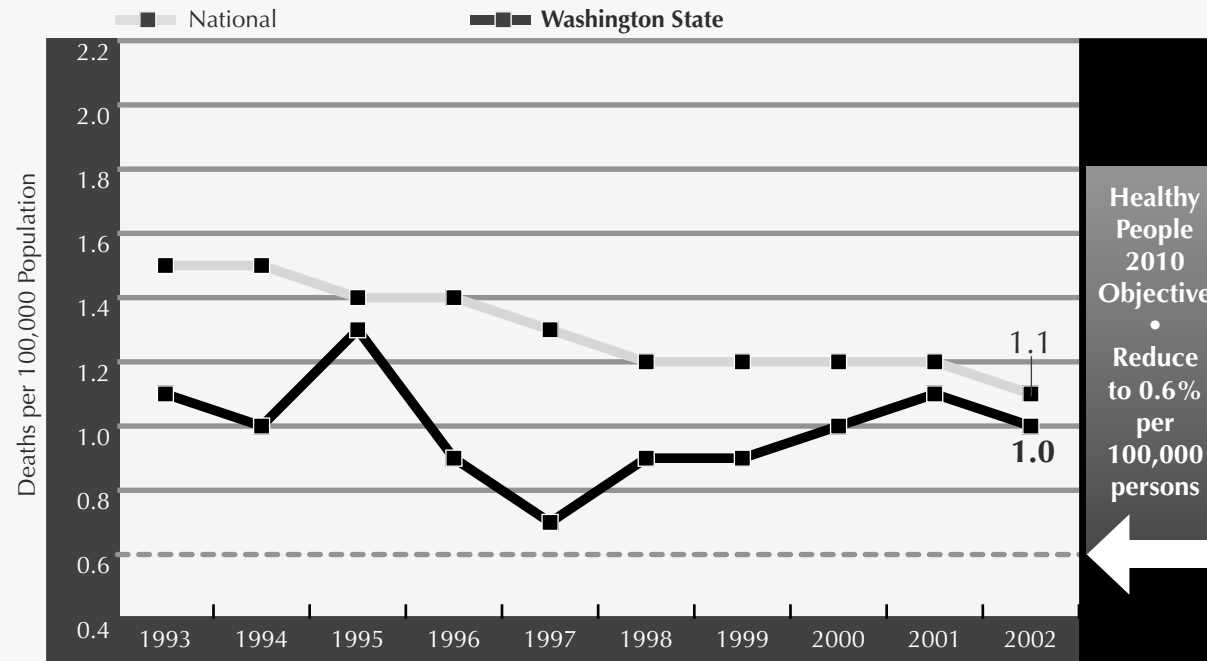
Alcohol is involved in approximately 50% of deaths associated with water recreation.¹

This graph indicates that the rate of drowning deaths in Washington State has been consistently higher than the national rate since 1993. There were 119 drowning deaths in Washington State in 2002, up from 92 in 2000, representing a 29.3% increase. Nationally, drowning is the second leading cause of injury-related deaths for children and youth ages 1-19.²

¹ U.S. Department of Health and Human Services, *Healthy People 2010* (Conference Edition), 15-40. Washington, DC: 2000.

² Ibid.

The Rate of Deaths Due to Residential Fires in Washington State Has Been Rising.



Source: National Data from the National Vital Statistics System, National Center for Health Statistics, Centers for Disease Control and Prevention. State data from the Center for Health Statistics, Washington State Department of Health.

This graph indicates that the rate of deaths due to residential fires in Washington State has been rising in the past five years. There were 39 such deaths in 1997, and 57 in 2002, representing a 46% increase.

Fires are the second leading cause of unintentional injury death among children. Compared to the total population, children under age four have a fire death rate more than twice the national average. Two-third of fire related death and injuries among children under age five occur in homes without working smoke alarms.¹ Tobacco use is the leading cause of residential fire deaths.² Smoking causes an estimated 30% of U.S. fire deaths; costs related to fires have fallen in association with lower rates of smoking.³

¹ U.S. Department of Health and Human Services, *Healthy People 2010* (Conference Edition), 15-35. Washington, DC: 2000.

² Centers for Disease Control and Prevention, *Fire Deaths and Injuries*. Atlanta, GA: 2000.

³ Leistikow, B., et al., "Fire Injuries, Disasters, and Costs from Cigarettes and Cigarette Lights: A Global Overview," *Preventive Medicine* 31:2, 2000.

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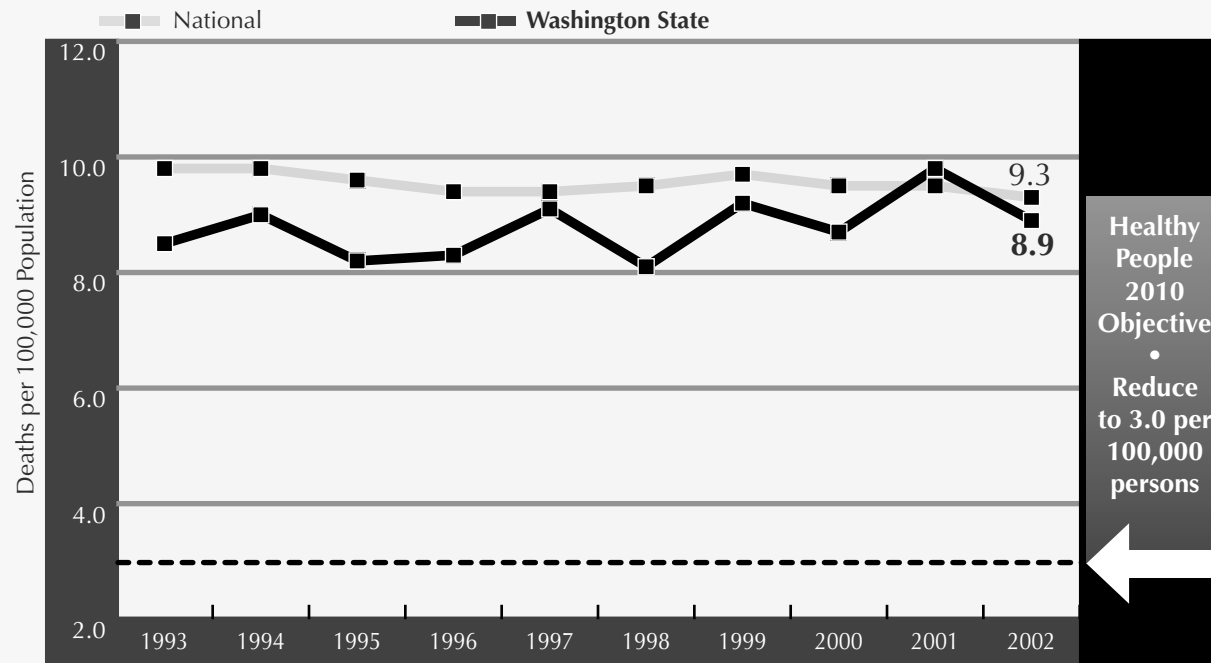
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Sustained Alcohol Consumption is the Leading Cause of Chronic Liver Disease and Cirrhosis Deaths.



Source: National data from the National Vital Statistics System, National Center for Health Statistics, Centers for Disease Control and Prevention. State data from the Center for Health Statistics, Washington State Department of Health.

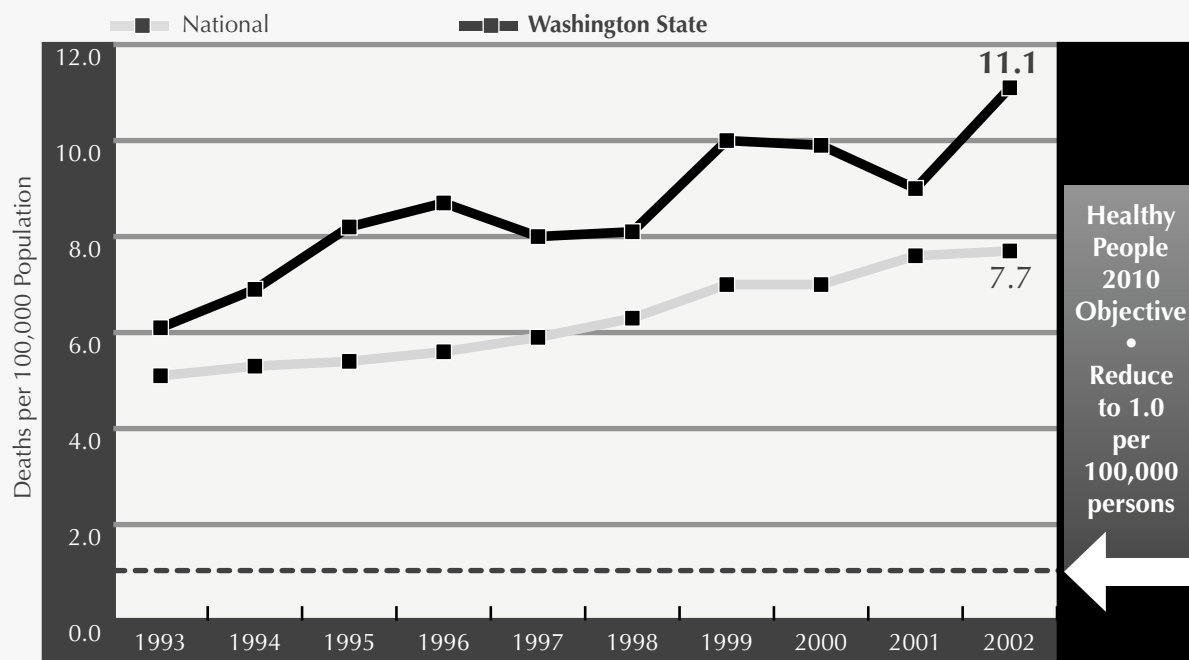
Cirrhosis occurs when healthy liver tissue is replaced with scarred tissue until the liver is unable to function effectively. Sustained heavy alcohol consumption is the leading cause of cirrhosis.¹ Cirrhosis is also associated with hepatitis C and, though less commonly in the United States, hepatitis B², which are often transmitted during intravenous drug use. Once the liver is severely damaged, treatment is often limited to liver transplants.

Little progress has been made in Washington State or nationally in the past decade toward the *Healthy People 2010* target objective.

¹ U.S. Department of Health and Human Services, *Healthy People 2010* (Conference Edition), 26-16. Washington, DC: 2000.

² National Digestive Diseases Information Clearinghouse (NDDIC), *Cirrhosis of the Liver*. Bethesda, MD: National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, 2003.

The Drug-Induced Death Rate in Washington State is Almost Double What It Was in 1993.



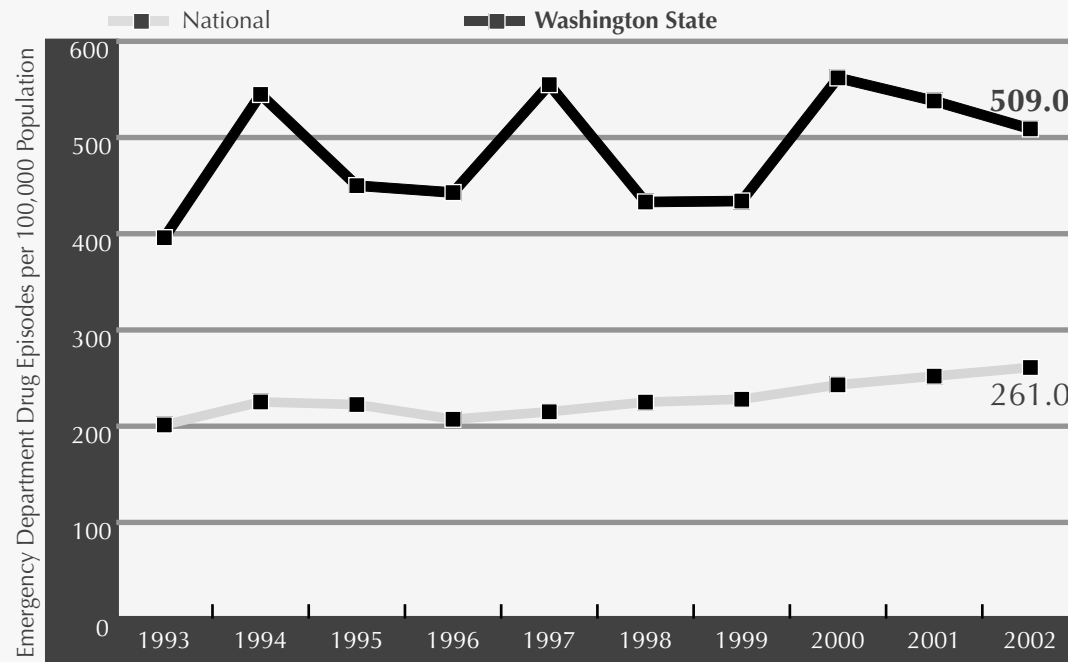
Source: National data from the National Vital Statistics System, National Center for Health Statistics, Centers for Disease Control and Prevention. State data from the Center for Health Statistics, Washington State Department of Health.

Drug-related death data provide a direct indication of the high human and social costs of drug use. Causes of death classified as drug-related include drug psychosis, drug dependence, suicide, and intentional and unintentional poisoning resulting from illicit drug use. Rising rates may be at least partially due to increases in prescription drug abuse-related deaths.

This graph indicates that Washington State continues to have a higher drug-induced death rate than the nation, with 688 such deaths in 2002. This rate is almost twice as high as it was in 1993.



The Seattle Metropolitan Area Has a Higher Rate of Drug-Related Emergency Department Visits than the Nation.

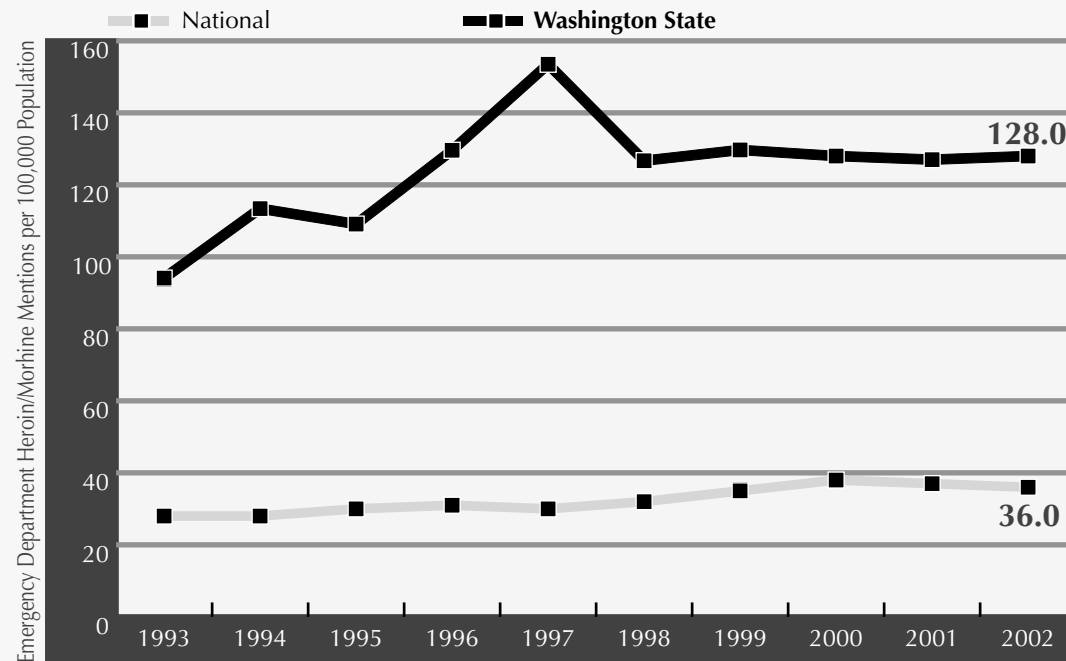


Source: Office of Applied Studies, Substance Abuse Mental Health Services Administration, Drug Abuse Warning Network (DAWN).

This graph indicates that the Seattle metropolitan area (King/Snohomish Counties – the only area in Washington State for which this data is available) has a higher rate of drug-related emergency department visits than the nation.

The federal Drug Abuse Warning Network defines an emergency department visit as drug-related whenever the visit is a result of the non-medical use of a drug. Non-medical drug use includes use of illicit drugs, use of prescription drugs in a manner inconsistent with accepted medical practice, and the use of over-the-counter drugs contrary to approved labeling.

Rate of Emergency Department Mentions of Heroin in the Seattle Metropolitan Area Have Stabilized Since 1997.



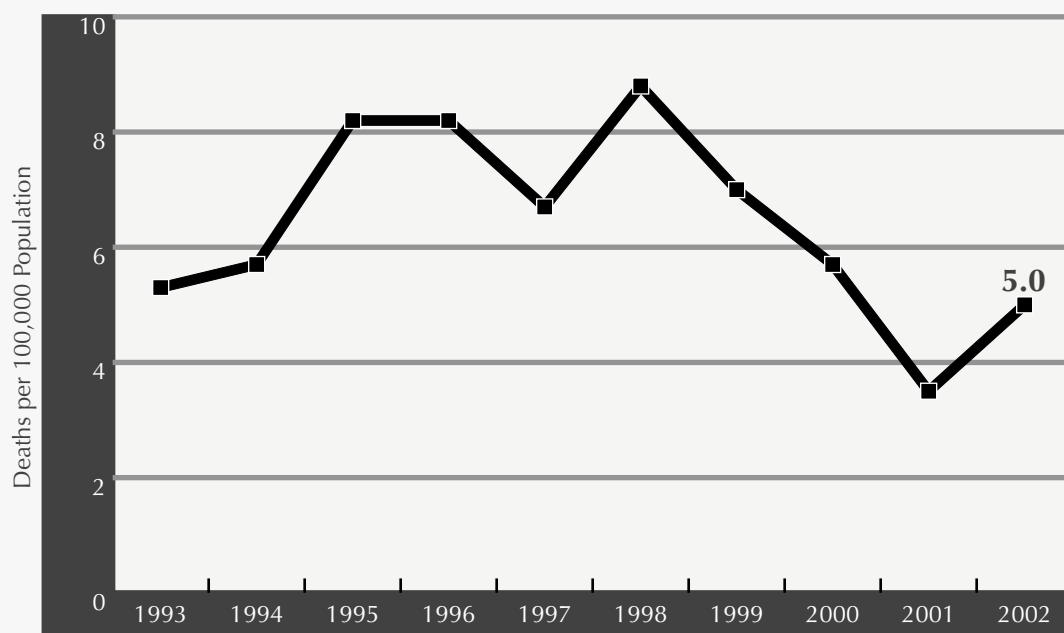
Source: Office of Applied Studies, Substance Abuse Mental Health Services Administration, Drug Abuse Warning Network (DAWN).

This graph indicates that after increasing rapidly between 1993 and 1997, the steep rise in emergency department mentions of heroin in the Seattle metropolitan area (King and Snohomish Counties – the only areas of the state for which data are available) has leveled off.

Some of this leveling may be due to expanded treatment capacity for individuals with heroin addiction. However, there are still substantial waiting lists for publicly funded opiate substitution treatment (methadone) in King County and throughout the state. As of February 2004, there were 683 individuals waiting for access to publicly funded methadone treatment on a list kept by the Seattle Needle Exchange. Because of limited treatment capacity and/or funding limitations, the average wait for an individual who has requested methadone treatment through the Needle Exchange is 18-24 months.¹

¹ Dr. Michael Hanrahan, Personal Communication – March 17, 2004. Seattle Needle Exchange, Public Health – Seattle-King County.

After Declining from a High in 1998, Rates of Heroin-Related Deaths in Seattle-King County are Again on the Rise.



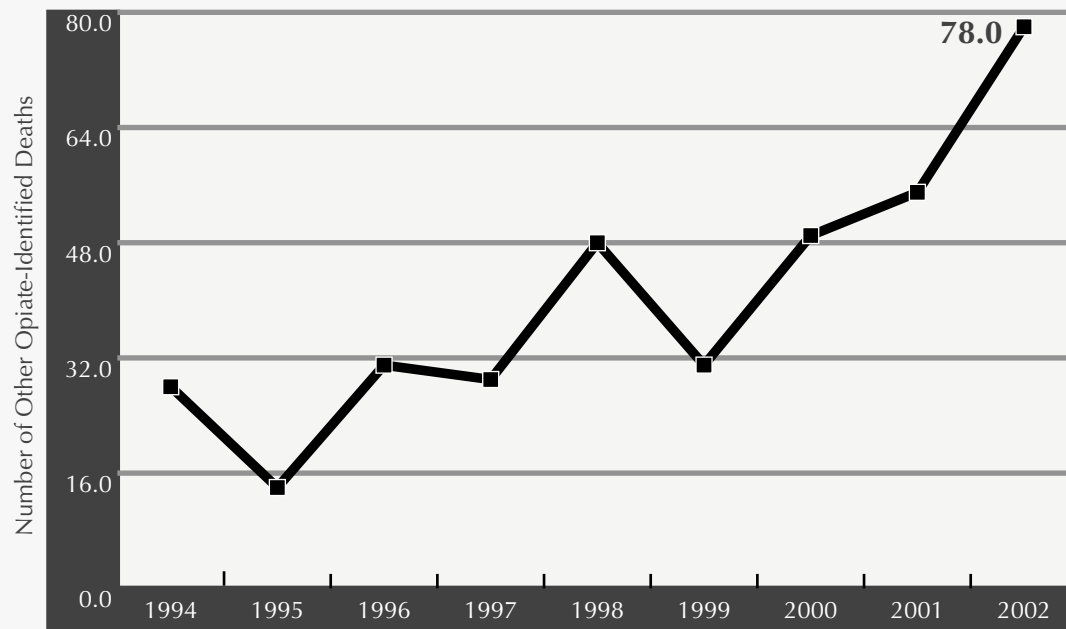
Source: King County Medical Examiner.

This graph indicates that, after declining for three straight years, Seattle-King County saw a 42.6% increase, from 61 in 2001 to 87 in 2002, in the number of heroin-related deaths.

Much of the earlier decline was likely due to public health measures adopted by city and county governments to address heroin addiction. King County authorized a 50% expansion in the number of opiate substitution treatment slots, and authorized a mobile methadone clinic. They have also provided preventive and limited substance abuse treatment services in the local criminal justice system, and expanded the availability of drug free housing for individuals in recovery. Recently, however, new treatment admissions have also declined, probably because effective treatment is resulting in longer treatment stays, and correspondingly fewer open treatment slots.¹ The opening of two new clinics in Snohomish County will likely result in more slots being available in King County programs for county residents.

¹ Banta-Green, C. et al., "Recent Drug Abuse Trends in the Seattle-King County Area," *Epidemiologic Trends in Drug Abuse*, June 2002.

The Number of Other Opiates* Identified in Drug-Caused Deaths in King County is Rising Rapidly.



Source: King County Medical Examiner.

The use of other opiates in pain management has risen substantially in recent years. As the population ages, and as medical science is better able to manage conditions which previously would have resulted in more rapid death, the use of pain management medications plays an important role in increasing quality of life. The Seattle office of the federal Drug Enforcement Administration reports that sales of prescription oxycodone to hospitals and pharmacies rose 235% between 1997-2002, and prescription methadone (non-opiate substitution treatment-related) rose 229%.¹

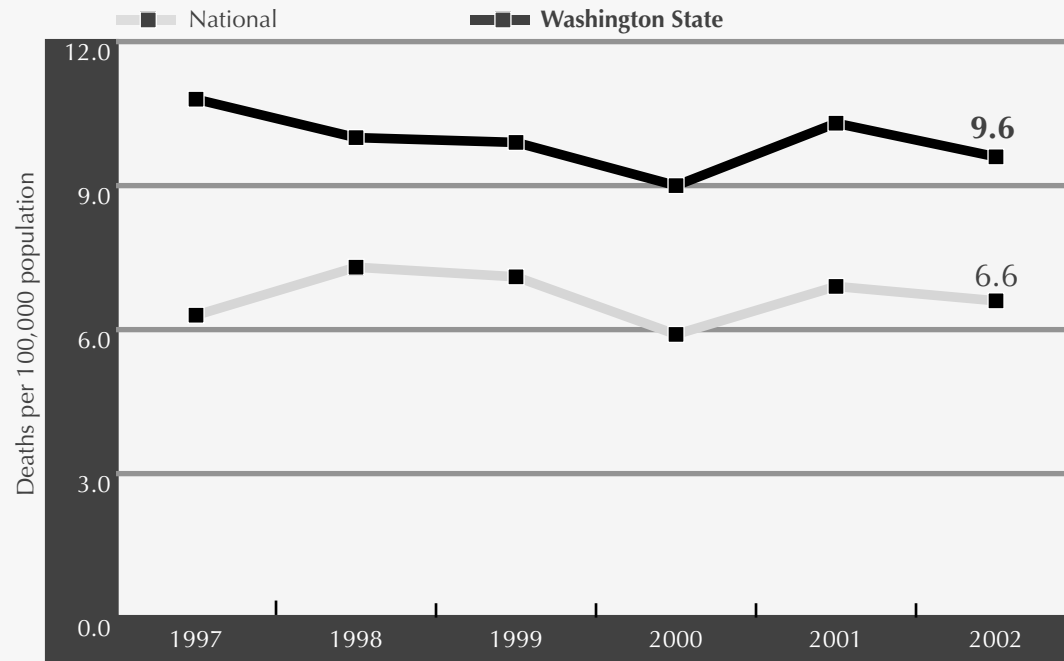
The expanded prescriptive use of other opiates, however, creates new opportunities for diversion and illicit use. There have been substantial increases in mentions of oxycodone and methadone among drug-related deaths over the past decade. OxyContin, illicit use of which has become epidemic in parts of the United States, is a time-release formulation of oxycodone.

**Defined as opiates other than heroin or morphine. These include: codeine, dihydrocodeine, fentanyl, hydrocodone, methadone, oxycodone, and propoxyphene. There are more mentions than deaths because some individuals had multiple other opiates detected at time of death.*

¹ Banta-Green, C. et al., "Recent Drug Abuse Trends in the Seattle-King County Area, December 2003," *Proceedings of the Community Epidemiology Workgroup*, Vol. II, December 2003.



Washington State Has a Higher Alcohol-Induced Death Rate than the Nation.



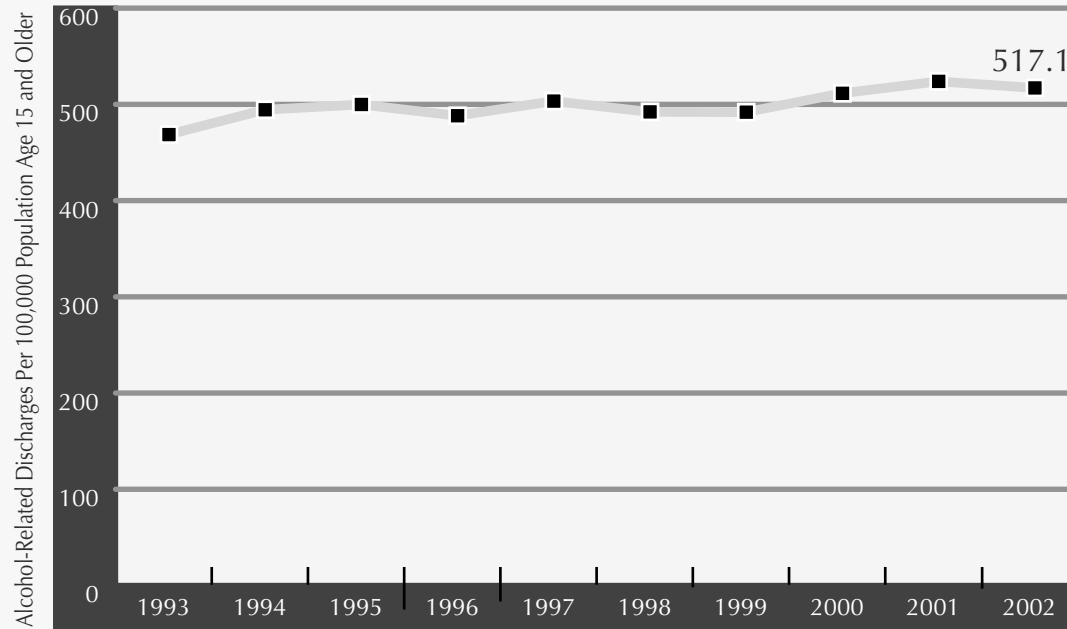
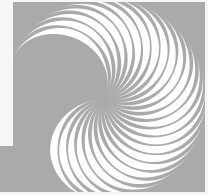
Source: National data from the National Vital Statistics System, National Center for Health Statistics, Centers for Disease Control and Prevention. State data from the Center for Health Statistics, Washington State Department of Health.

Alcohol-related death data provide a direction indication of the high human and social costs of alcohol use. Long-term heavy drinking increases risks for high blood pressure, heart rhythm irregularities (arrhythmias) and heart muscle disorders (cardiomyopathy), and stroke. It increases risks for certain forms of cancer, especially esophagus, mouth, throat, and larynx, for cirrhosis and other liver disorders, and worsens outcomes for individuals with hepatitis C. It is also linked with death from traffic crashes, falls, fires, and drowning, and is associated with homicide, suicide, domestic violence, and child abuse.¹

This graph indicates that Washington State has had a consistently greater alcohol-induced death rate than the nation. In 2002, it was 45% higher. There were 581 alcohol-induced deaths in Washington State in 2002.

¹ U.S. Department of Health and Human Services, *Healthy People 2010* (Conference Edition), 26-4. Washington, DC: 2000.

The Rate of Alcohol-Related Diagnoses in Acute Care Hospital Discharges in Washington State Has Been Slowly Increasing.



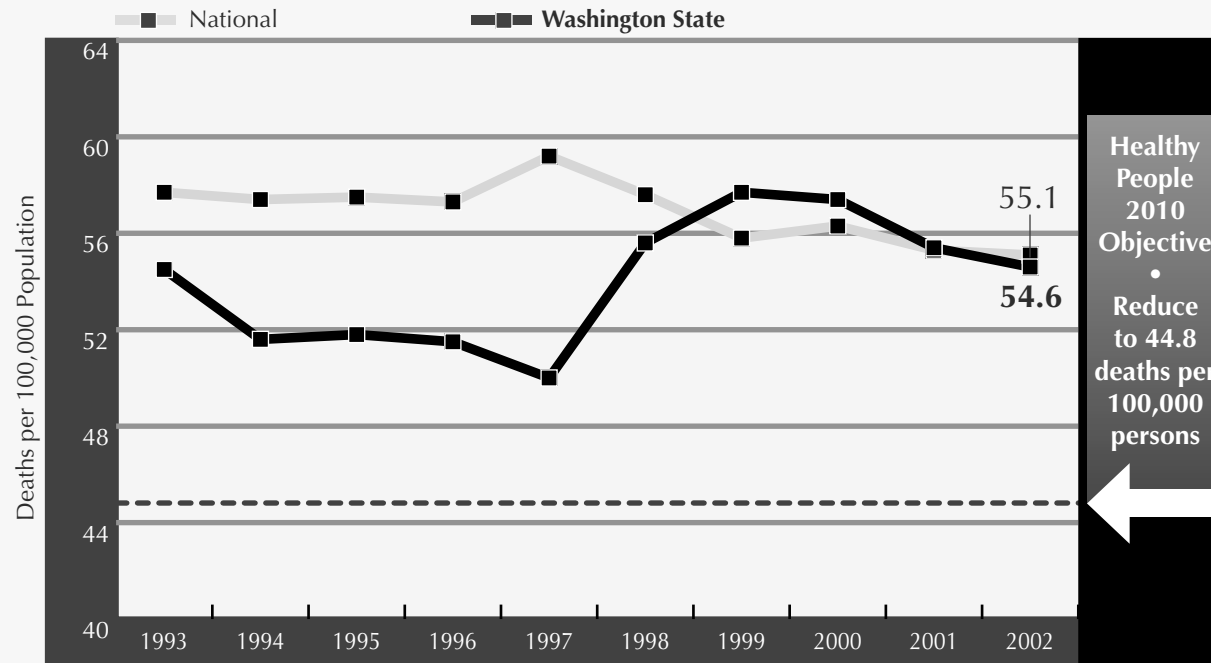
Source: Comprehensive Hospital Abstract Reporting System (CHARS), Washington State Department of Health.

Patients with alcohol-related diagnoses are discharged from acute care hospitals having been diagnosed with primary alcohol-related conditions such as alcohol psychoses, alcohol dependence syndrome, nondependent abuse of alcohol, and chronic liver disease and cirrhosis. These diagnoses do not include alcohol-related trauma such as injuries from motor vehicle crashes, or discharges associated with maternity stays. There were 24,726 patients with primary alcohol-related diagnoses discharged from Washington State acute care hospitals in 2002.

With funds from a grant from the federal Substance Abuse Mental Health Services Administration, the Division of Alcohol and Substance Abuse has initiated a program in six Washington hospitals whereby individuals affected by alcohol or other drugs who visit emergency departments are receiving brief interventions related to their substance abuse.



The Lung Cancer Death Rate in Washington State is Similar to That of the Nation.



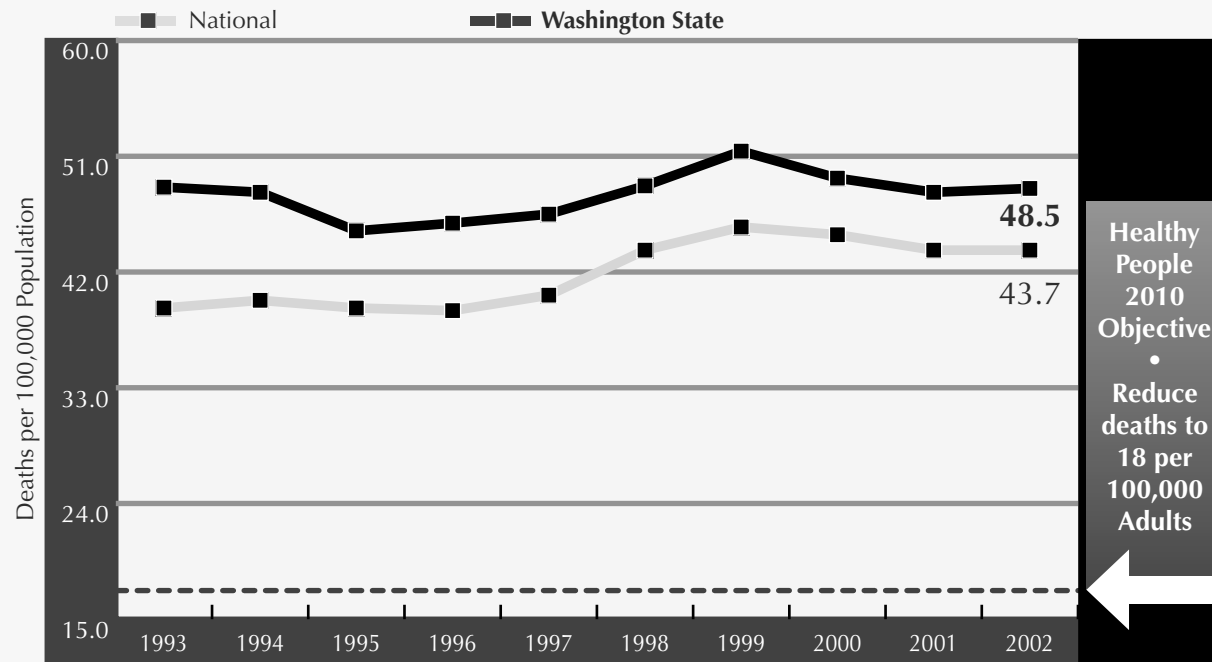
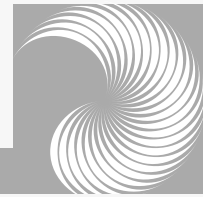
Source: National data from the National Vital Statistics System, National Center for Health Statistics, Centers for Disease Control and Prevention. State data from the Center for Health Statistics, Washington State Department of Health.

The vast majority of lung cancer cases are attributable to cigarette smoking, accounting for 68-78% of lung cancer deaths among females, and 88-91% of deaths among males. Smoking cessation decreases the risk of lung cancer to 30-50% of that of continuing smokers after ten years of abstinence.¹

This graph indicates that, while lower for most of the past decade, lung cancer death rates in Washington State are now similar to those of the nation. Lung cancer is the most common category of cancer mortality in the U.S.

¹ U.S. Department of Health and Human Services, *Healthy People 2010* (Conference Edition), 3-12. Washington, DC: 2000.

The Death Rate in Washington State from Chronic Lower Respiratory Disease is Higher than the Nation's.



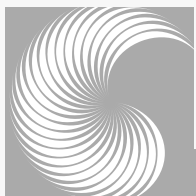
Source: National data from the National Vital Statistics System, National Center for Health Statistics, Centers for Disease Control and Prevention. State data from the Center for Health Statistics, Washington State Department of Health.

Chronic lower respiratory disease (formerly known as chronic obstructive pulmonary disease) occurs most often in people over age 65. Between 80-90% of cases are attributable to cigarette smoking.¹

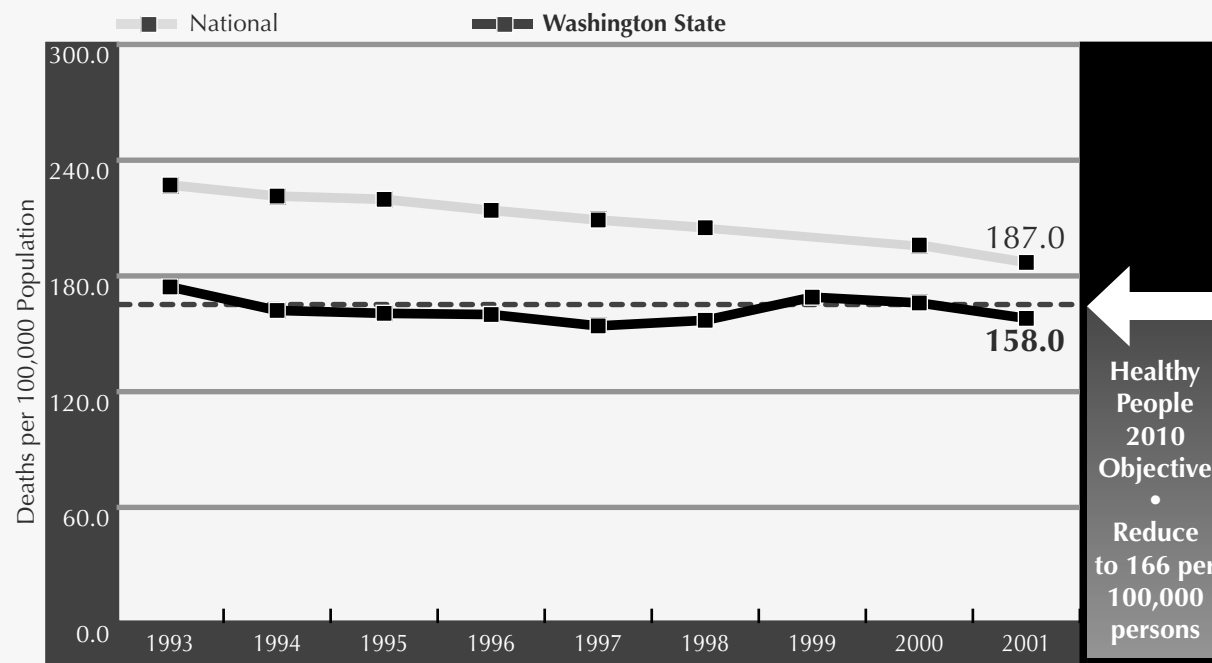
This graph indicates that the mortality rate from chronic lower respiratory disease in Washington State is higher than it is nationally. Chronic lower respiratory disease includes chronic bronchitis and emphysema, both of which are characterized by irreversible airflow obstruction. Both conditions often exist together.²

¹ U.S. Department of Health and Human Services, *Healthy People 2010* (Conference Edition), 24-8. Washington, DC: 2000.

² *Ibid.*



The Coronary Heart Disease Death Rate in Washington State is Lower than the National Rate.



Source: National and state data from the National Vital Statistics System, National Center for Health Statistics, Centers for Disease Control and Prevention.

Heart disease is the leading cause of mortality in the United States, and coronary heart disease accounts for the largest portion of heart disease deaths. About 12 million Americans have coronary heart disease. Prevention strategies included reducing blood cholesterol, high blood pressure, obesity and excessive weight gain, and cigarette smoking, as well as increasing amounts of physical activity.¹ In 2000, obesity and physical activity caused 400,000 U.S. deaths, 16% of the total, and is now considered the nation's second leading killer, after tobacco use.²

¹ U.S. Department of Health and Human Services, *Healthy People 2010* (Conference Edition), 12-6. Washington, DC: 2000.

² Mokdad, A. et al., "Actual Causes of Death in the United States, 2000," *Journal of the American Medical Association* 291(10), March 10, 2004.

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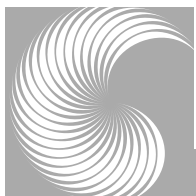
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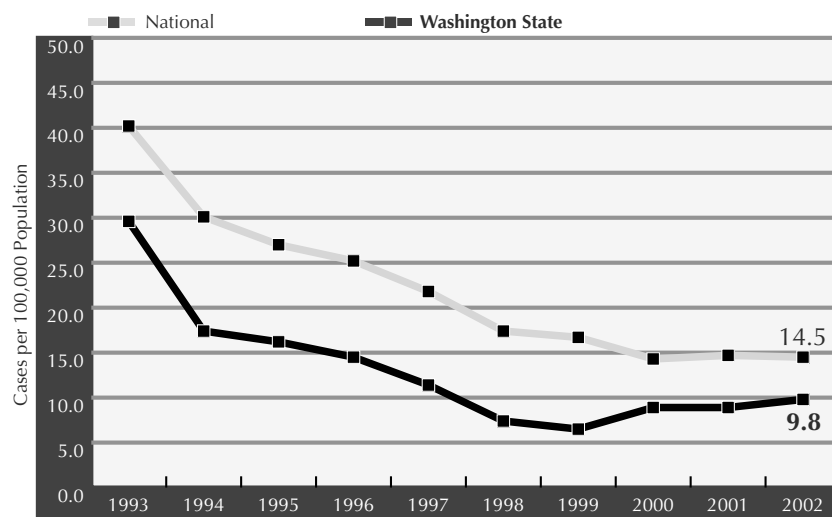
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The Reported AIDS Case Rate in Washington State is Lower than the Nation.*



Source: National and state data from the Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report 14*, October 2003.

From January 1982 through January 2004, 10,955 AIDS (Acquired Immune Deficiency Syndrome) cases were reported in Washington State, and there were 5,922 deaths from the disease. As of January 2004, there were 4,993 Washington residents living with AIDS. Some 19% of AIDS cases in Washington State were traceable to possible exposure from injection drug use, substantially lower than the percentage of cases attributed to injection drug use nationally.¹ Studies have shown that cities that implemented needle exchange programs early in the AIDS epidemic – such as Seattle and Tacoma – have much lower infection rates among injection drug users (IDUs).

This graph indicates that the reported AIDS case rate in Washington is consistently lower than the nation's. Since 1993, the AIDS case rate has generally been in decline, reflecting the effectiveness of new treatments in preventing HIV (human immunodeficiency virus) infection from progressing to AIDS. However, the recent rise in the AIDS case rate in Washington State may reflect a larger number of individuals seeking treatment, a decline in the death rate, or the growing failure of anti-retroviral medications to work over sustained period of time in preventing HIV infection from progressing to AIDS.² Nationally, well over half of individuals diagnosed with AIDS live longer than seven years after the diagnosis.³

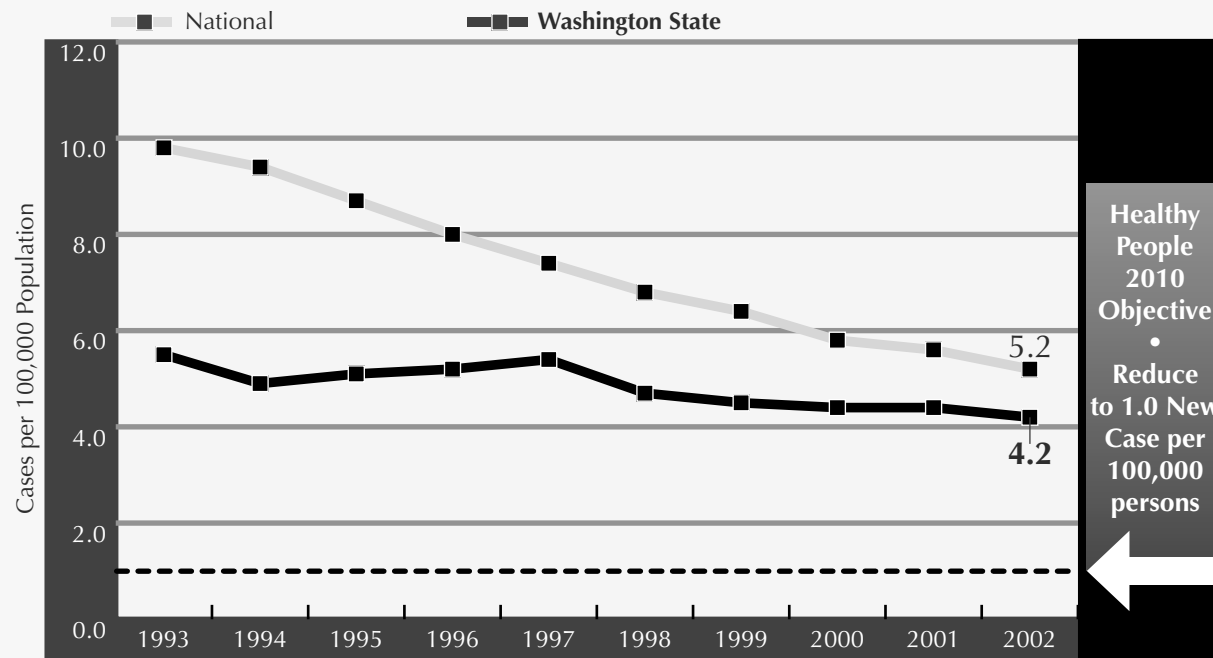
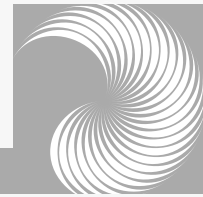
* Case counts are provisional; reporting is considered incomplete for several years.

¹ Office of HIV Prevention and Education, Washington State Department of Health, 2004.

² Infectious Disease and Reproductive Health Unit, Washington State Department of Health, 2003.

³ Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report 14*, October 2003.

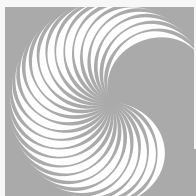
Washington State Has a Lower Rate of New Tuberculosis Cases Than the Nation.



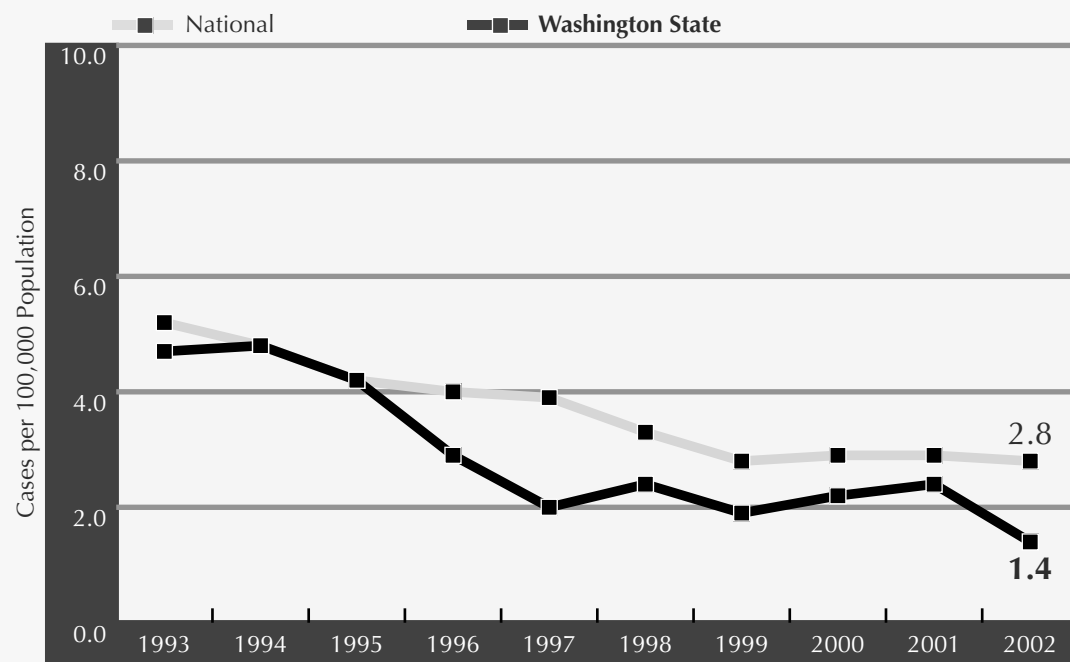
Source: National data from the Division of Tuberculosis Elimination, Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention. State data from Assessment Unit – Infectious Disease and Reproductive Health, Washington State Department of Health.

Multiple risk factors, including poverty, homelessness, substance abuse, gaps in health care infrastructure, and the human immunodeficiency virus (HIV) epidemic, are associated with new tuberculosis cases. Ensuring that patients with active tuberculosis infection complete curative therapy early is essential to curbing the disease's spread. Washington State has adopted treatment provider regulations to screen all chemical dependency patients to help prevent and control the spread of the disease.

This graph indicates that Washington State has had a consistently lower tuberculosis rate than the nation. After a national and state resurgence in the early 1990s, the tuberculosis epidemic has receded.



The Rate of Acute Hepatitis B in Washington State Has Declined in the Past Decade.



National data from the Epidemiology Program Office, National Notifiable Disease Surveillance System, Centers for Disease Control and Prevention. State data from Washington State Department of Health, *Annual Communicable Disease Report – 2002*.

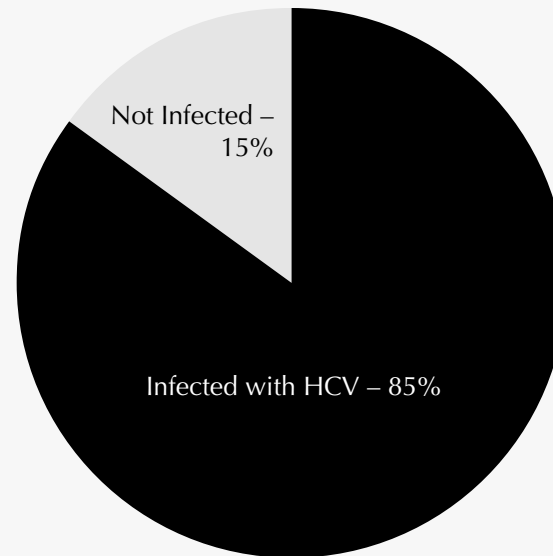
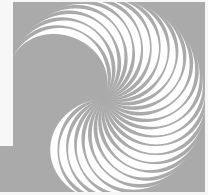
Injection drug uses is a major risk factor for hepatitis B infection. Most cases occur in young adult risk groups, including persons with a history of multiple sex partners, men who have sex with men, injection drug users, incarcerated persons, and household and sex contacts of infected partners. It may also be transmitted perinatally.¹

This graph indicates that the rate of acute hepatitis B cases in Washington State has declined over the past decade. Hepatitis B is a serious disease that attacks the liver, and chronic hepatitis B infection, which may be carried without sign of infection, is associated with cirrhosis, liver cancer, and liver failure. The greatest decline in infections over the past decade has been in children and adolescents, and associated with routine childhood vaccination.²

¹ U.S. Department of Health and Human Services. *Healthy People 2010* (Conference Edition), 14-15. Washington: CD 2000.

² Centers for Disease Control and Prevention, "Incidence of Acute Hepatitis B – United States, 1990-2002," *Morbidity and Mortality Weekly Report* 52(51), January 2, 2004.

Some 85% of Injection Drug Users in King County are Infected with Hepatitis C Virus (HCV).



Source: Community Epidemiology Work Group, National Institute on Drug Abuse, National Institutes of Health, *Recent Drug Trends in the Seattle-King County Area*, December 2003.

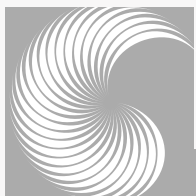
Of the 15,000-18,000 injection drug users (IDUs) in Seattle-King County, 85% are infected with the hepatitis C virus (HCV). Recent incidence studies indicate that 21% of non-infected Seattle-area IDUs acquire HCV each year.¹

HCV is the most common chronic bloodborne viral infection in the United States, affecting an estimated 2.7 million people in the U.S., and causes an estimated 8,000-10,000 deaths each year from cirrhosis and liver cancer.² As many as 100,000 people in Washington State are believed to be infected, with 250 deaths annually.³ It is the leading reason for liver transplantation in the U.S. Even moderate alcohol use is known to exacerbate liver injury resulting from HCV.

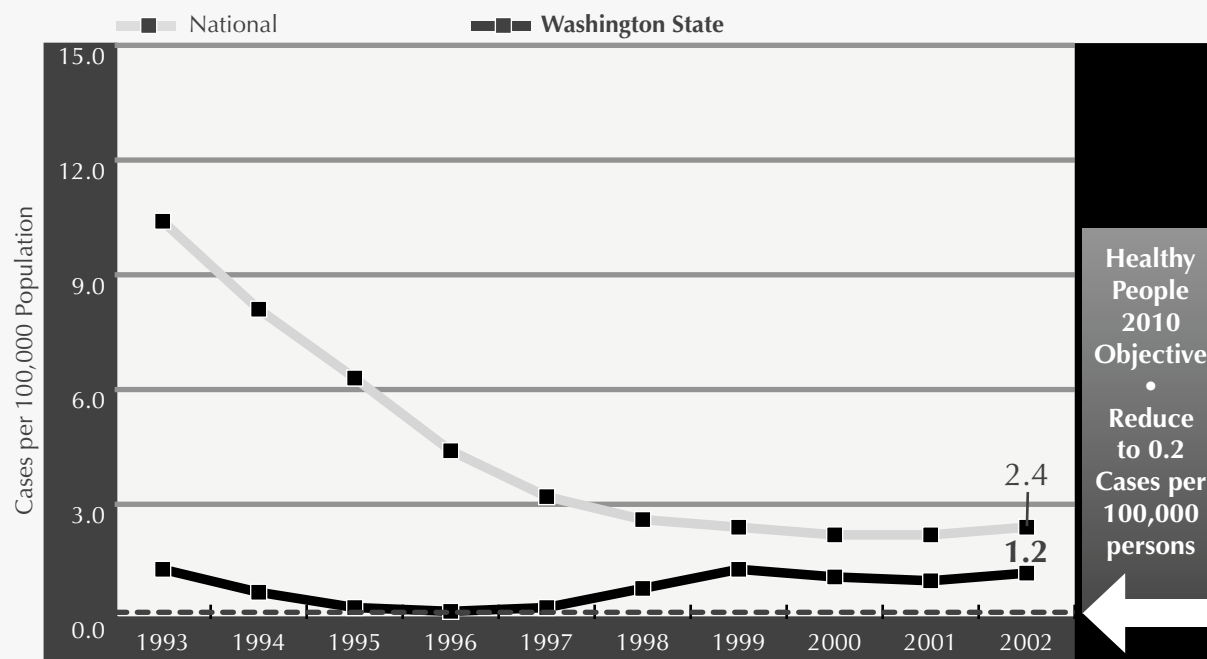
¹ Banta-Green, C. et al., "Recent Trends in the Seattle-King County Area, December 2003," *Proceedings of the Community Epidemiology Work Group* Vol. II, December 2003.

² National Center for Infectious Diseases, *Viral Hepatitis C Fact Sheet*. Atlanta: GA: Centers for Disease Control and Prevention, 2004.

³ Office of Epidemiology, "Notifiable Conditions: Hepatitis C (HCV)," Washington State Department of Health, October, 2002.



Washington State is Experiencing a Significant Increase in the Rate of Primary and Secondary Syphilis.



Source: National data from the National Center for HIV, STD, and TB Prevention, Centers of Disease Control and Prevention. State data from Washington State Department of Health, *Annual Communicable Disease Report – 2002*.

The spread of sexually transmitted diseases (STDs), including syphilis, is often linked to the use of alcohol and other drugs. The introduction of new illicit substance use into a community often can substantially alter sexual behavior in high-risk sexual networks. Increases in the exchange of sex for drugs, increases in the number of anonymous sex partners, decreases in motivation to use barrier protection, lowered ability to negotiate safe sex practices, and declines in attempts to seek medical treatment can all fuel epidemic spread of STDs.¹

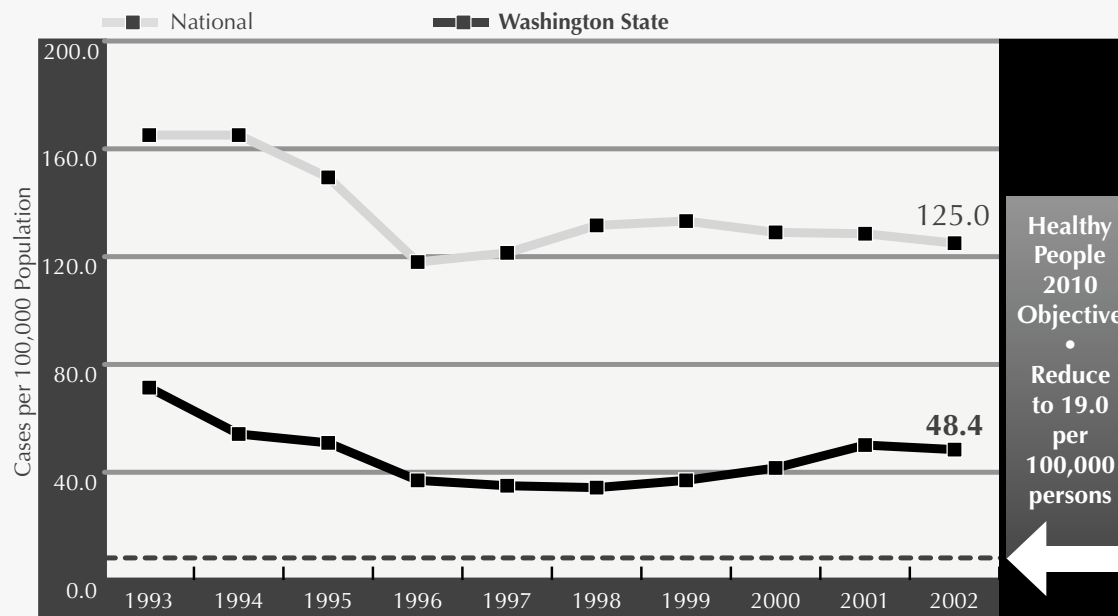
From a low of nine cases in 1996, Washington State has experienced a substantial increase in the number of primary and secondary (P&S) syphilis cases. There were 70 cases in 2002, 50 of them in King County. Transmission is strongly associated with men having sex with men², and may be associated with substance abuse, notably methamphetamine and inhaled nitrites.³ Counts of P&S syphilis cases may understate the problem, as cases are often diagnosed after they have gone beyond the primary and secondary stages and become latent.

¹ U.S. Department of Health and Human Services, *Healthy People 2010* (Conference Edition), 25-5. Washington, DC: 2000.

² Washington State Department of Health, *Annual Communicable Disease Report – 2002*. Olympia, WA: 2003.

³ Public Health, Seattle & King County, *Screening Guidelines for Men Who Have Sex with Men (MSM)*. Seattle, WA: 2001.

Gonorrhea Rates in Washington State Have Increased 50% Since 1998.



Source: National data from the National Center for HIV, STD, and TB Prevention, Centers of Disease Control and Prevention. State data from Washington State Department of Health, *Annual Communicable Disease Report – 2002*.

The spread of sexually transmitted diseases (STDs), including gonorrhea, is often associated with substance abuse. Increases in the exchange of sex for drugs, increases in the number of anonymous sex partners, decreases in motivation to use barrier protection, lowered ability to negotiate safe sex practices, and declines in attempts to seek medical treatment can all fuel epidemic spread of STDs.¹

While lower than historical levels, Washington State is experiencing a serious resurgence in gonorrhea cases, from 1,948 cases in 1998 to 2,925 cases in 2002, representing a 50.2% increase. Much of this increase is associated with men having sex with men in King County, where the rate has more than doubled since 1998, and may be as much as six times greater than for heterosexuals.²

Gonorrhea infections are a major cause of pelvic inflammatory disease, tubal infertility, ectopic pregnancy, and chronic pelvic pain. Epidemiologic studies indicate that gonococcal infections such as gonorrhea may facilitate HIV transmission.³

¹ U.S. Department of Health and Human Services, *Healthy People 2010* (Conference Edition), 25-5. Washington, DC: 2000.

² STD/TB Services and Infectious Disease and Reproductive Health Assessment Unit, Washington State Department of Health. *Sexually Transmitted Disease Morbidity, 2001 -- Washington State*. Olympia, WA: 2002.

³ Washington State Department of Health, *Annual Communicable Disease Report – 2002*. Olympia, WA: 2003.

The Problem: Substance Abuse Prevalence & Trends

**AREAS OF
SUBSTANCE
ABUSE
IMPACT**

Birth Defects/
Complications

Accident
Risks

Health
Consequences

Infectious
Diseases

Crime

Violence

Family
Distress



Alcohol-Related Motor Vehicle Arrest Rates in Washington State Have Remained Steady for the Past Seven Years.

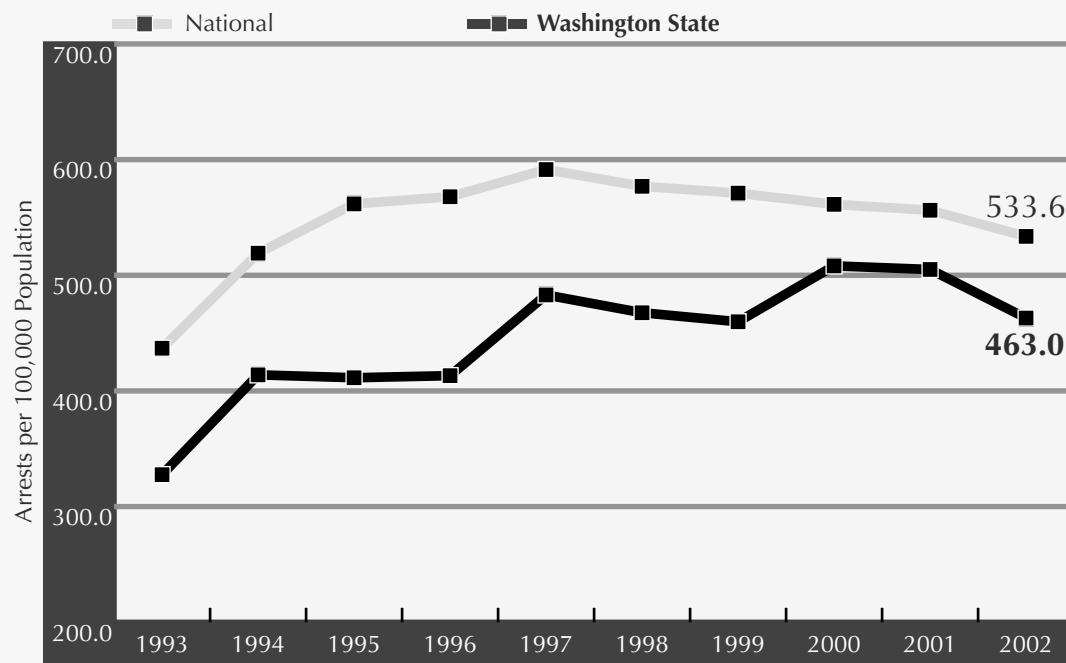


Source: National data from the Federal Bureau of Investigation, U.S. Department of Justice, *Crime in the United States Annual Reports*. State data from Washington State Patrol Breathalyzer Database.

Data for alcohol-related motor vehicle arrests may reflect a jurisdiction's laws, enforcement policy, financial resources, and officer discretion, in addition to the actual number of alcohol-related driving incidents. Washington State enacted new alcohol-related motor vehicle statutes in 1998 – including lowering the blood alcohol concentration for proof of intoxication from .10 to .08, and zero tolerance for drivers under age 21. While these statutes have not resulted in higher arrest rates, they have resulted in lower alcohol-related motor vehicle fatality rates.¹

¹ Salzberg, Philip, and Anne Yamada. *Drunk Driving Trends in Washington State: Evaluation of the 1998 DUI Laws*. Olympia, WA: Traffic Research and Data Center, Washington State Traffic Safety Commission, 2002.

Washington State Has a Lower Arrest Rate for Drug Abuse Violations than the Nation.



Source: National data from the Federal Bureau of Investigation, U.S. Department of Justice, *Crime in the United States* annual reports. State data from Washington Association of Sheriffs & Police Chiefs, *Crime in Washington State* annual reports.

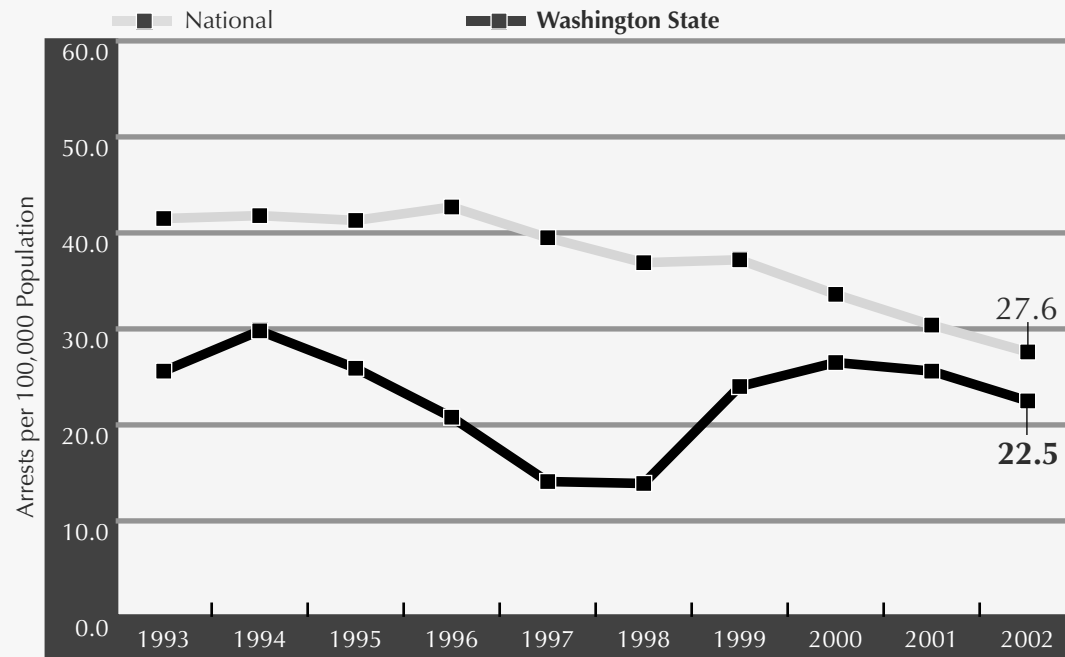
This graph indicates that while the rate of arrests for drug abuse violations in Washington State is now declining, in 2002 it is 41.3% higher than it was in 1993. Arrests made for drug abuse violations provide a direct measure of illegal activity related to substance abuse. A drug abuse violation is any transgression of state or local laws that results from the unlawful possession, sale, use, cultivation, or manufacture of illicit drugs. Arrest data may reflect a jurisdiction's financial resources, enforcement policy, and officer discretion, as well as the actual level of drug-related criminal activity.

There were 27,975 arrests for drug abuse violations in Washington State in 2002. From November 2002 through February 2003, 73.6% of male arrestees booked into the Snohomish County Jail tested positive for illicit drugs.¹ Under sentencing reform legislation enacted in 2002, an individual arrested and filed upon by the prosecutor for a drug-related offense is now more likely to receive chemical dependency treatment as part of a diversion program or in lieu of incarceration after conviction.

¹ Gilson, M., and Kabel, J., *The Snohomish County Arrestee Substance Abuse (SCASA) Study: Characteristics of Drug Use Among Arrestees Booked Into Snohomish County Corrections Including Comparisons to Booked Arrestees in King and Spokane Counties*. Olympia, WA: Looking Glass Analytics, 2003.



Arrest Rates in Washington State for Prostitution are Below the National Rate.



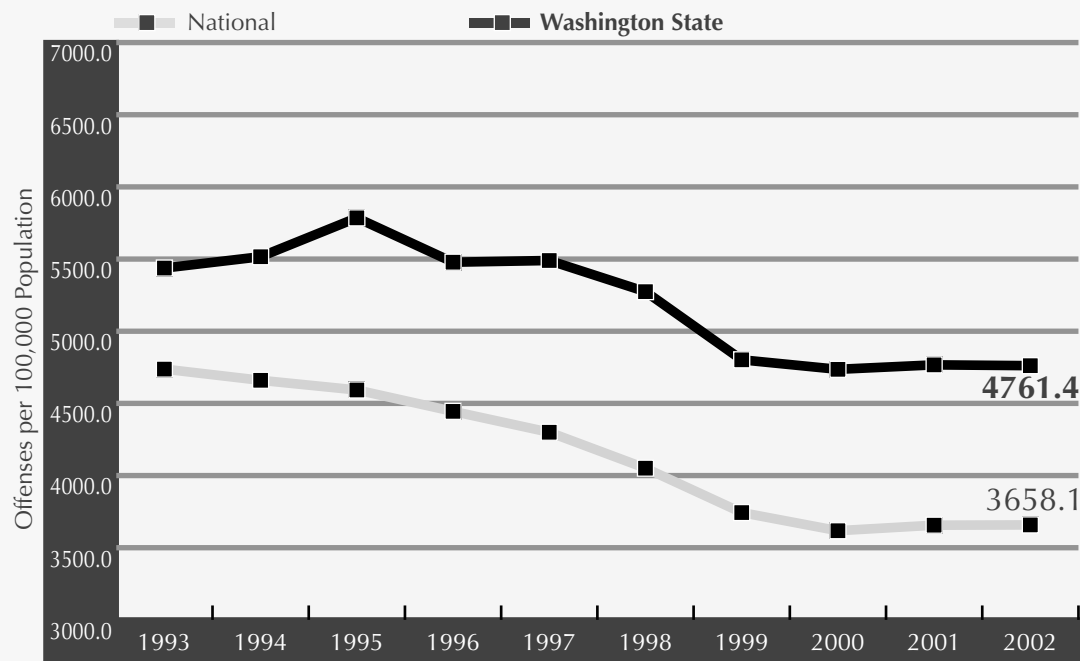
Source: National data from the Federal Bureau of Investigation, U.S. Department of Justice, *Crime in the United States* annual reports. State data from Washington Association of Sheriffs & Police Chiefs, *Crime in Washington State* annual reports.

The Arrestee Drug Abuse Monitoring Program reported that 78.3% of those arrested for prostitution in Seattle in 1999 tested positive for illegal drugs, mostly for cocaine.¹ Prostitution is associated with the spread of HIV/AIDS and other sexually transmitted diseases.

This graph indicates that arrest rates for prostitution in Washington State are significantly lower than that of the nation. Of the 1,358 prostitution arrests in Washington State in 2002, 426 (representing 31.4% of the total) were male. It should be noted that arrest rates may be influenced by a jurisdiction's financial resources, enforcement policy, and officer discretion, as well as the actual level of criminal activity.

¹ Office of Justice Programs, National Institute of Justice, *Arrestee Drug Abuse Monitoring Program 1999 Annual Report*. Washington, DC: U.S. Department of Justice, 2000.

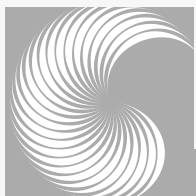
Washington State Has a Higher Property Crime Index than the Nation.



Source: National data from the Federal Bureau of Investigation, U.S. Department of Justice, *Crime in the United States* annual reports. State data from Washington Association of Sheriffs & Police Chiefs, *Crime in Washington* annual reports.

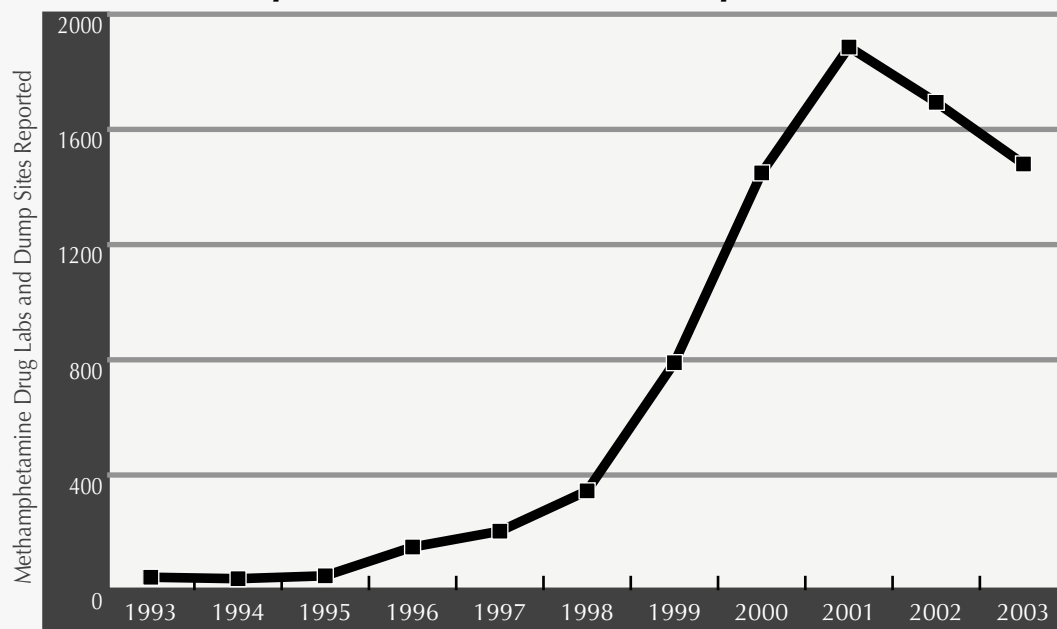
The Arrestee Drug Abuse Monitoring Program found that in 2000, 73.4% of males arrested for property offenses in King County, and 71.5% arrested for property offenses in Spokane County tested positive for illegal drugs.¹

This graph indicates that the Washington State property crime index is higher than the nation's, but is in a downward trend. The property crime index includes burglary, larceny-theft, motor vehicle theft, and arson. Distinct from arrest data, this index counts one offense for each victim who reports a property crime to the police, regardless of the number of offenders involved.



The Number of Reported Methamphetamine Laboratories and Dump Sites in Washington State Continues to Drop.

Number of Reported Meth Labs and Dump Sites



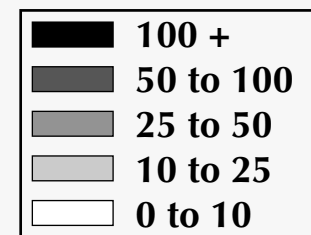
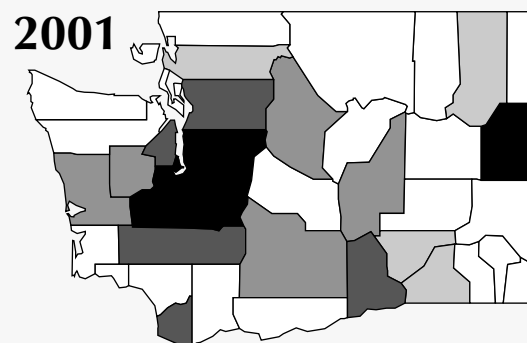
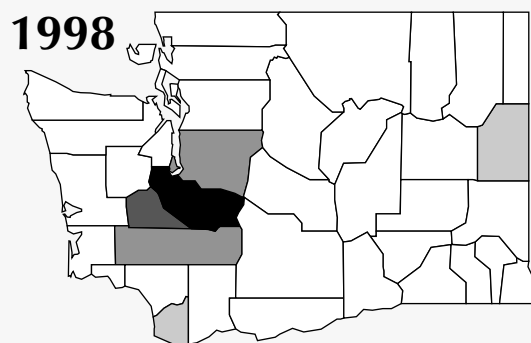
Source: Washington State Department of Ecology, 2004.

This graphic indicates that after dramatic increases since 1994, the number of illegal methamphetamine (meth) laboratories and dump sites in Washington State dropped by 12.8% in 2003. This followed a 10.2% decline in 2002. The largest number of reports in 2003 came from Pierce (466), King (202), Snohomish (98), Thurston (96), and Spokane (91) Counties. The largest decline was in Spokane County (from 189 in 2002, to 91 in 2003.)

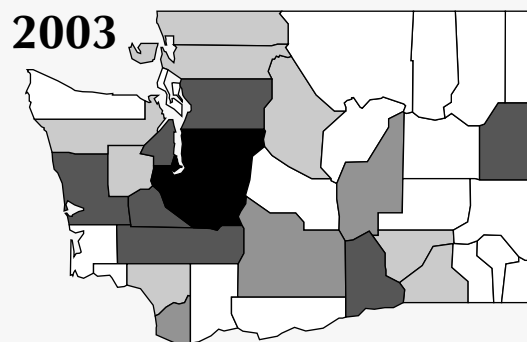
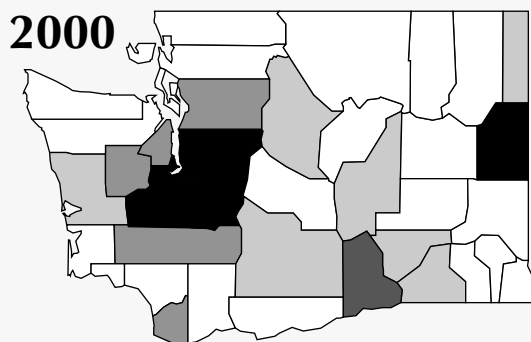
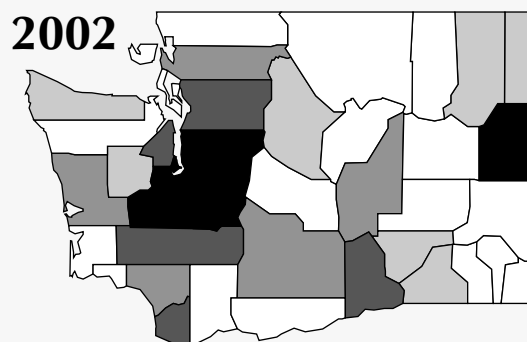
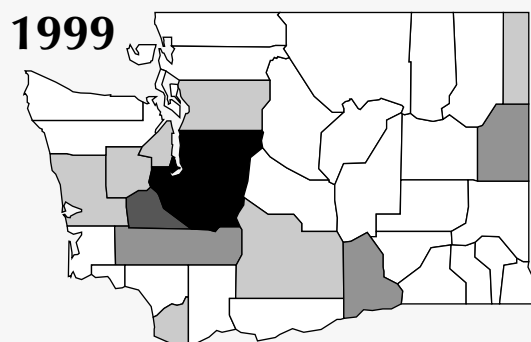
It is likely, but not yet substantiated, that the number of meth lab reports reflects the level of illicit use of the drug in the community. It is also possible, however, that drug dealers are now importing finished product from elsewhere, rather than manufacturing it, and that there is now a smaller number of large labs, accounting for the documented decline. It is now estimated that only one third of the methamphetamine used in Washington is produced in-state.¹ Anecdotal reports also suggest that meth users may be increasingly turning to heroin use.

¹ Banta-Green, C., *Washington State Drug Use Epidemiology*. Seattle, WA: Alcohol & Drug Abuse Institute, University of Washington, 2003.

Distribution of Methamphetamine Drug Laboratories and Dump Sites Reported by County



Source: Washington State Department of Ecology



These maps indicate that while report of drug labs and dump sites have declined in the past two years, they are still much more widespread than they were six years ago. In 1993, only one county – Pierce – had as many as ten reports. There have been huge increases since then: in Pierce from 12 to 466; King, from seven to 202; Thurston, from 4 to 96; Spokane, from zero to 89; Benton from zero to 82; Grays Harbor from 2 to 50. The epidemic has spread rapidly to virtually every part of the state.

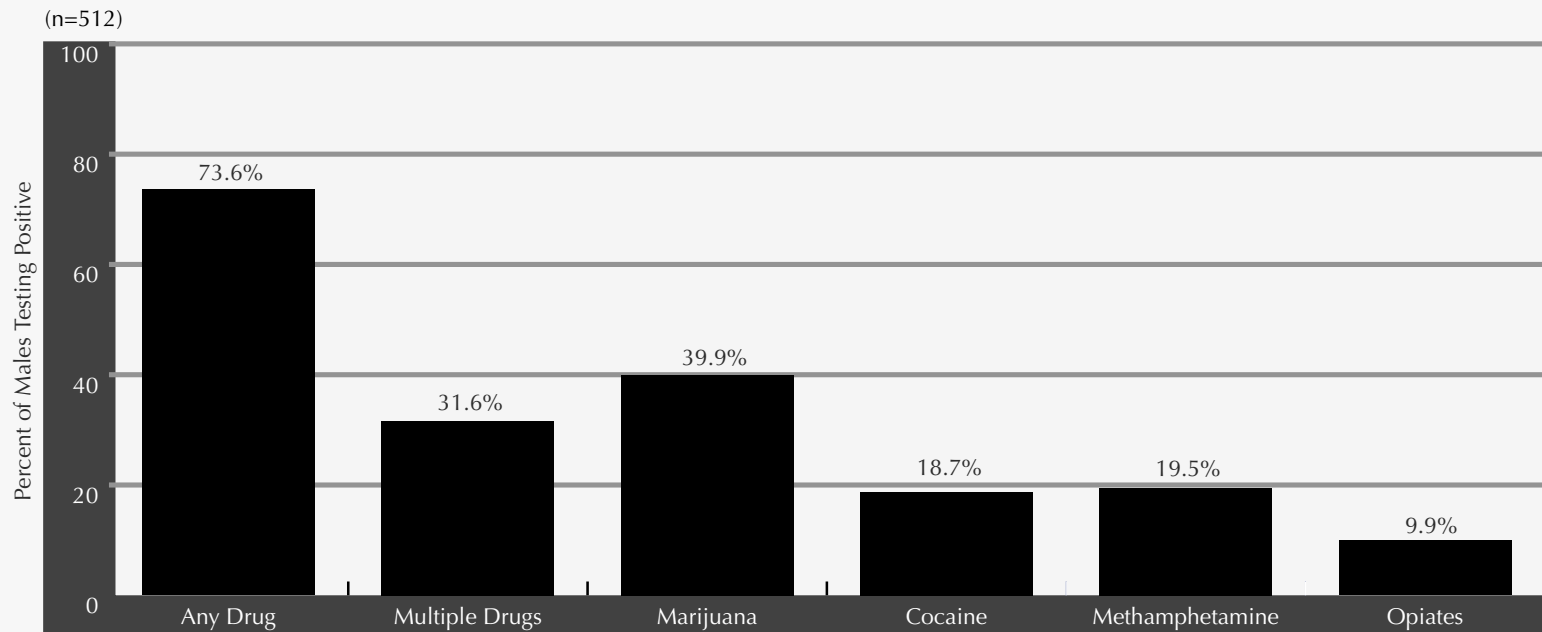
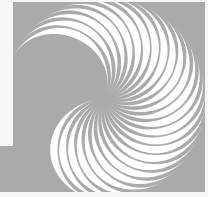


Number of Reported Methamphetamine Laboratories and Dump Sites in Washington State

County	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Adams	-	-	-	-	1	-	1	-	3	4	4
Asotin	-	-	-	-	-	-	1	1	5	3	4
Benton	-	-	1	3	4	7	38	52	85	87	82
Chelan	1	-	1	1	-	-	2	14	34	15	13
Clallam	-	1	1	1	3	3	-	1	3	10	2
Clark	1	3	3	12	20	12	16	34	57	57	35
Columbia	-	-	-	-	-	-	1	3	2	1	4
Cowlitz	1	-	1	3	9	2	8	7	9	28	18
Douglas	-	-	-	-	-	1	1	6	5	7	4
Ferry	-	-	-	-	-	-	-	7	4	0	0
Franklin	-	-	-	-	-	1	8	10	15	11	13
Garfield	-	-	-	-	-	-	2	-	-	4	1
Grant	-	-	1	-	-	-	2	19	27	46	34
Grays Harbor	2	2	1	3	5	5	16	24	41	32	50
Island	-	-	1	-	1	2	5	1	5	5	14
Jefferson	-	-	-	-	1	1	2	7	6	4	12
King	7	7	10	23	17	48	107	231	271	241	202
Kitsap	1	-	-	3	-	1	21	45	54	60	50
Kittitas	1	-	1	-	-	1	3	-	5	3	5
Klickitat	-	-	1	1	1	3	-	6	4	2	1
Lewis	2	3	4	7	9	31	33	43	61	83	67
Lincoln	-	-	-	-	-	-	-	-	5	3	2
Mason	2	-	-	4	4	10	21	32	30	22	15
Okanogan	-	-	-	-	2	3	2	2	3	3	1
Pacific	-	-	1	-	4	1	6	2	3	4	3
Pend Oreille	1	-	-	-	2	6	10	12	5	12	6
Pierce	12	17	17	53	42	129	318	545	589	438	466
San Juan	-	-	-	-	-	-	-	-	1	1	0
Skagit	1	-	1	-	-	4	2	5	11	34	12
Skamania	-	-	-	-	-	-	2	1	2	3	3
Snohomish	2	-	-	7	6	5	13	37	69	83	98
Spokane	-	1	2	1	7	11	36	137	248	189	91
Stevens	-	-	-	1	1	-	5	4	15	10	3
Thurston	4	2	6	25	63	58	86	139	151	115	96
Wahkiakum	-	-	-	-	-	-	1	-	2	2	2
Walla Walla	-	-	-	-	-	2	8	12	16	15	16
Whatcom	1	-	-	-	-	-	-	-	5	9	24
Whitman	-	-	-	-	-	-	-	1	3	4	0
Yakima	2	-	1	5	1	2	12	14	36	43	27
TOTAL	41	36	54	153	203	349	789	1,454	1,890	1,693	1,480

Source: Washington State Department of Ecology.

Almost Three Quarters of Male Arrestees Booked Into the Snohomish County Jail Between November 2002 – February 2003 Tested Positive for Drugs.



Source: Gilson, M., and Kabel, J., *The Snohomish County Arrestee Substance Abuse (SCASA) Study*. Olympia, WA: Looking Glass Analytics, 2003.

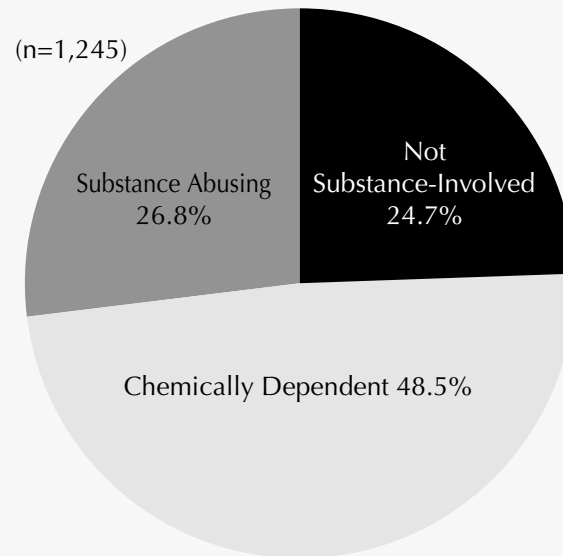
Modeled on an approach pioneered by the recently defunded federal Arrestee Drug Abuse Monitoring Program, males arrested and booked into the Snohomish County Jail between November 2002 – February 2003 were tested for drug use via urine sampling, and interviewed. Almost three quarters (73.6%) tested positive for illicit drugs. Some 39.9% of arrestees were classified as drug-dependent, with 23.7% classified as dependent upon alcohol. Arrestees that reported heavy substance use were more likely to have been arrested in the past 12 months, reported a greater number of lifetime arrests, and reported spending more time in jail than those who did not report heavy substance use.

Only 29% of Snohomish County arrestees reported receiving any treatment for chemical dependency during the previous year.¹

¹ Gilson, M., and Kabel, J., *The Snohomish County Arrestee Substance Abuse (SCASA) Study: Characteristics of Drug Use Among Arrestees Booked Into Snohomish County Corrections Including Comparisons to Booked Arrestees in King and Spokane Counties*. Olympia, WA: Looking Glass Analytics, 2003.



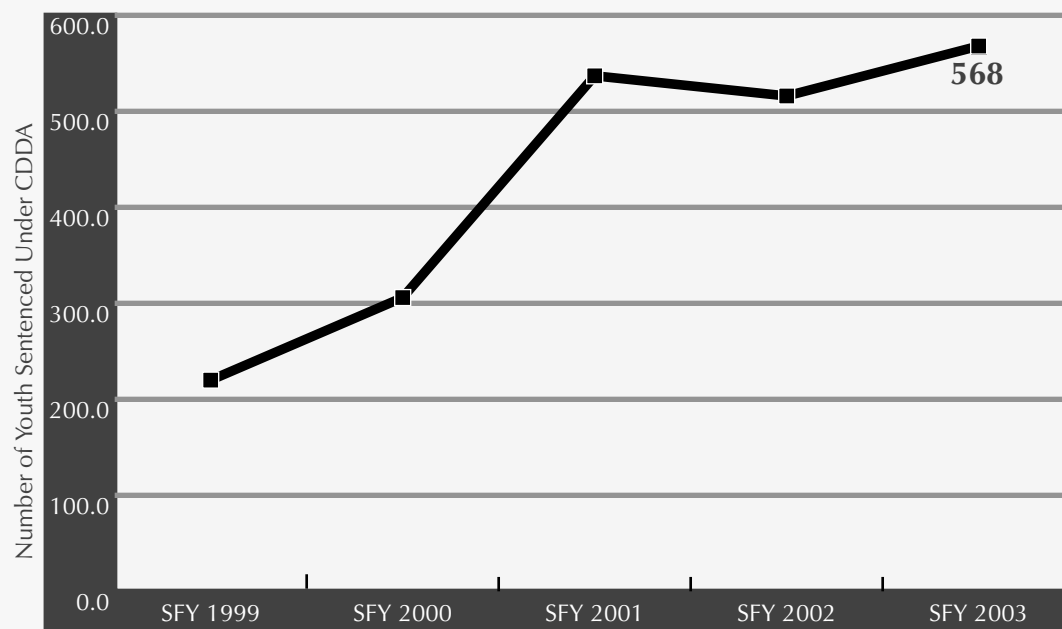
Approximately Three Quarters of Youth Entering Juvenile Rehabilitation Administration Facilities Have Substance Abuse-Related Problems.



Source: Client Tracking System, Juvenile Rehabilitation Administration, Washington State Department of Social and Health Services, May 2004.

Three out of four youths entering Juvenile Rehabilitation Administration (JRA) institutions have substance abuse-related problems. JRA offers a continuum of chemical dependency treatment services within its facilities. All services are certified by the Division of Alcohol and Substance Abuse (DASA). Approximately 96 youths are served each month, receiving inpatient, intensive outpatient, outpatient, and day treatment.

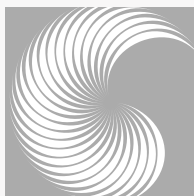
In State Fiscal Year 2003, 568 Youths Who Committed Offenses Received Treatment Under the Chemical Dependency Disposition Alternative.



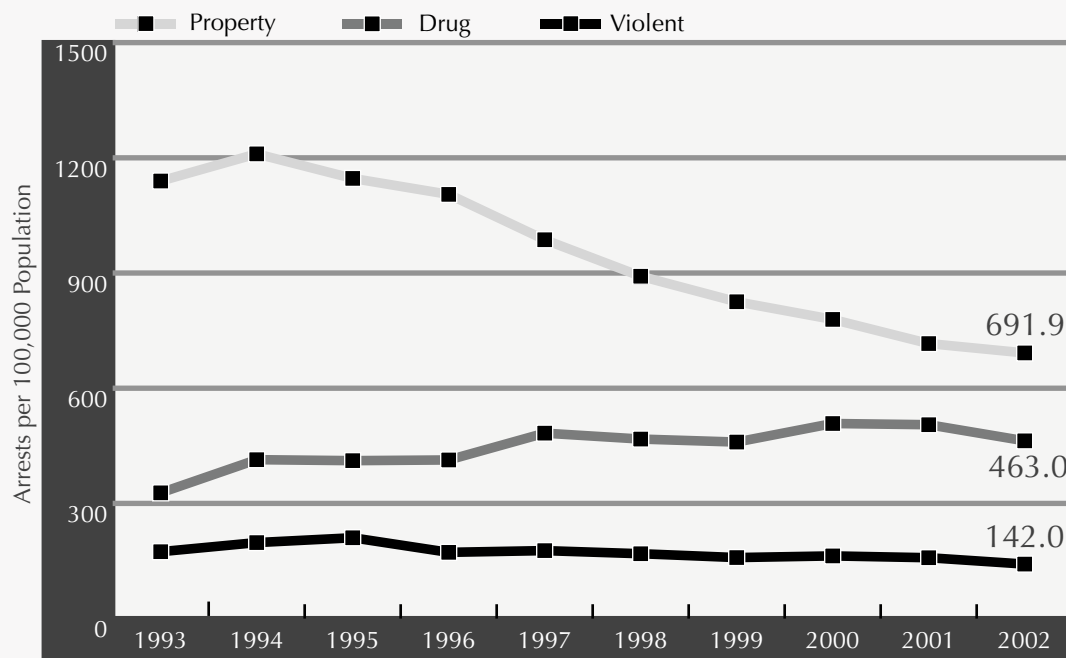
Source: Client Tracking System, Juvenile Rehabilitation Administration, Washington State Department of Social and Health Services.

In 1998, the Legislature created the Chemical Dependency Disposition Alternative (CDDA). Under CDDA, juvenile courts may sentence chemically abusing and dependent youth to treatment rather than confinement. CDDA represents a collaboration between the Juvenile Rehabilitation Administration, Division of Alcohol and Substance Abuse, Medical Assistance Administration, local juvenile courts, University of Washington, and county alcohol/drug coordinators. A 2004 report to the Legislature prepared by the Alcohol and Drug Abuse Institute, University of Washington, found that committable youth completing CDDA incurred fewer convictions; were less likely to be detained; were more likely to be enrolled in school; were more likely to be working full-time; reported better family and social relationships; and reported fewer emotional difficulties.¹

¹ Rutherford, M., et al., *Report to the Legislature: Chemical Dependency Disposition Alternative*. Olympia, WA: Washington State Department of Social and Health Services, Juvenile Rehabilitation Administration, 2004.



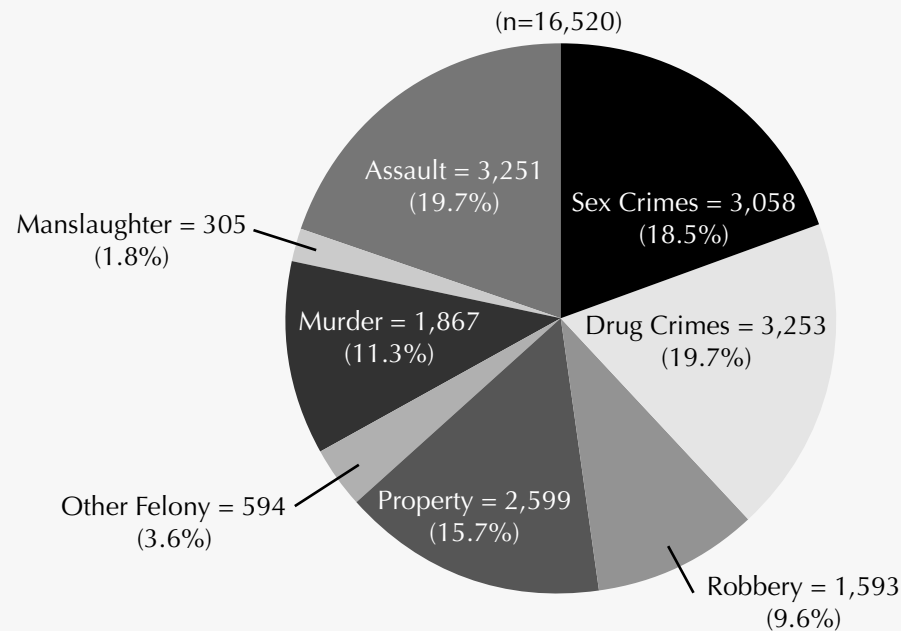
While Arrest Rates for Violent and Property Offenses in Washington State Have Declined, the Arrest Rate for Drug Abuse Violations Has Increased Significantly Since 1993.



Source: Washington Association of Sheriffs and Police Chiefs, *Crime in Washington* annual reports; data adjusted by the Washington State Caseload Forecast Council.

Combined juvenile/adult arrests drug offenses have climbed from 17,248 in 1993 to 27,975 in 2002. However, the number of arrests in all three categories – property, drug, and violent – declined in 2002. Over the past decade, arrests for property crime have dropped precipitously, while arrests for violent crime have declined slowly. Arrest data may reflect a jurisdiction's final resources, enforcement policy, and officer discretion, as well as the actual level of drug-related or other criminal activity.

More Inmates in Department of Corrections Custody are Convicted of Drug Offenses than Any Other Class of Crime.

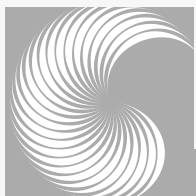


Source: Planning and Research Section, Washington State Department of Corrections, *Client Characteristics, Population Movement, and Custody: April 2003 – March 2004*.

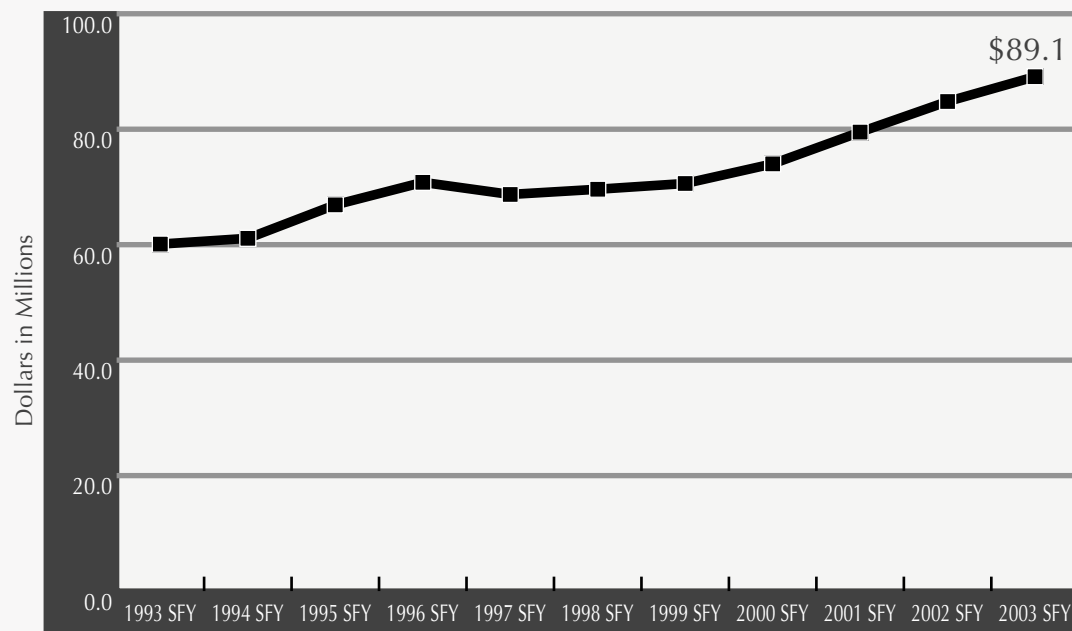
Almost one in five inmates in the custody of the Department of Corrections – in prisons, pre-release facilities, and work release – were convicted of drug offenses, making drug crimes the largest category of offenses. Between 60-80% of inmates are estimated to be in need of chemical dependency treatment.¹ More than half of males arrested for violent offenses in King and Spokane Counties in 2000 tested positive for illegal drugs.²

¹ Washington State Department of Corrections, January 2002.

² Office of Justice Programs, *Arrestee Drug Abuse Monitoring Program 2000 Annualized Site Reports*. Washington, DC: U.S. Department of Justice, National Institute of Justice, 2001.



The Costs of Imprisoning Drug Offenders in Washington State Continue to Rise.*



Source: Washington State Department of Corrections; Office of Program Research, Washington State House of Representatives.

Costs for imprisoning felony drug offenders in Washington State have grown faster than those for imprisoning other types of offenders. The number of imprisoned drug offenders has increased from 1,822 in SFY 1991 to 3,348 in SFY 2003. New sentencing initiatives are now diverting a larger portion of drug offenders into chemical dependency treatment.

**Operating expenses only; excludes capital and supervision costs.*

The Problem: Substance Abuse Prevalence & Trends

**AREAS OF
SUBSTANCE
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IMPACT**

Birth Defects/
Complications

Accident
Risks

Health
Consequences

Infectious
Diseases

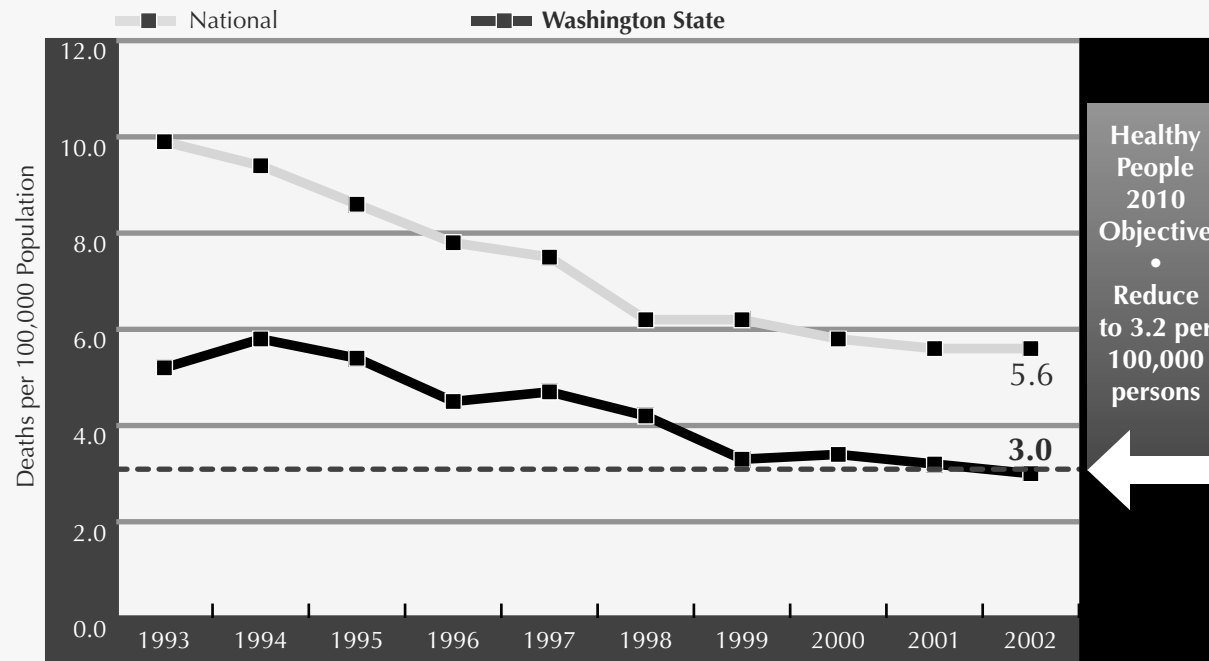
Crime

Violence

Family
Distress



The Homicide Rate in Washington State Continues to Decline.



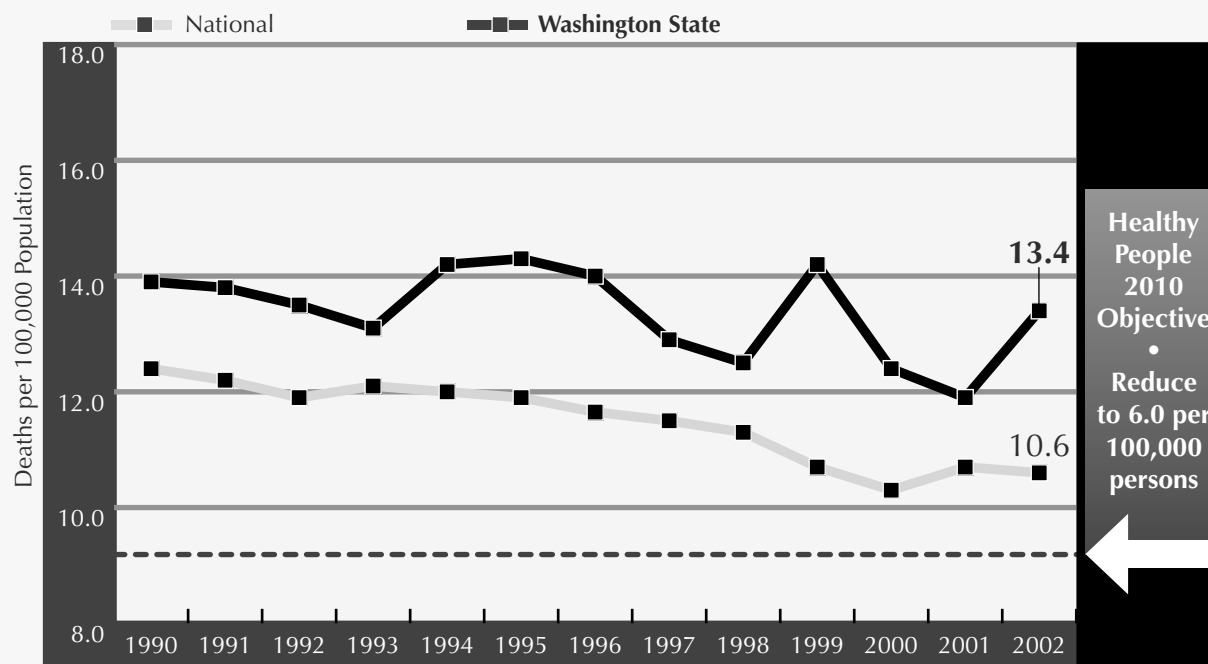
Source: National data from the Federal Bureau of Investigation, U.S. Department of Justice, *Crime in the United States* annual reports. State data from the Washington Association of Sheriffs and Police Chiefs, *Crime in Washington State* annual reports.

There were 184 homicides in Washington State in 2002. Of these, nine were drug-related, and 15 occurred as a result of brawls while under the influence of alcohol. It is unknown how many of the 72 homicides listed as “other”, including those related to child abuse and domestic violence, were associated with alcohol and other drug use.¹

This graph indicates that Washington State’s homicide rate has been lower than the national rate for more than a decade, has dropped significantly since 1995, and is now lower than the *Healthy People 2010* objective.

¹ Washington Association of Sheriffs & Police Chiefs, *Crime in Washington State 2003 Annual Report*. Olympia, WA: 2003.

The Suicide Rate in Washington State is Consistently Higher than the Nation.



Source: National data from the National Vital Statistics System, National Center for Health Statistics, Centers for Disease Control and Prevention. State data from the Center for Health Statistics, Washington State Department of Health.

Alcohol and drug abuse are closely associated with the risk of suicide. A 1997 study found that use of alcohol almost doubles the risk of suicide in the home, while use of illegal drugs is associated with a seven-fold increase in risk.¹ However, the actual role of alcohol and other drugs in suicide is not clear. Some researchers see alcohol/drug involvement as self-medication to relieve depression or other psychological problems that eventually lead to suicide.² Others suggest that they loosen inhibitions or impair psychological and cognitive process that normally constrain people from suicide.³ Another perspective is that alcohol/drug use is part of the social disintegration that accompanies suicide.⁴

Washington State has a consistently higher suicide rate than the nation. Suicide remains the second leading cause of death among young people ages 15-24 in Washington.

¹ Rivara, F. et al. "Alcohol and Illicit Drug Abuse and the Risk of Violent Death in the Home," *Journal of the American Medical Association* 278(7), 1997.

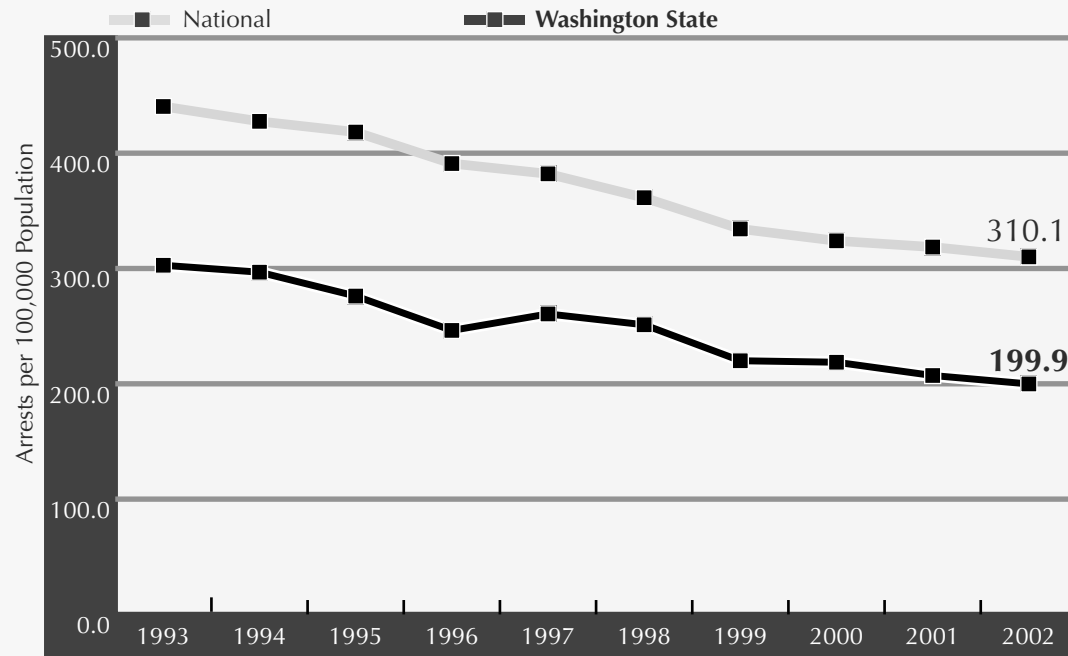
² Shaffer, D. "Suicide: Risk Factors and the Public Health," *American Journal of Public Health* 83, 1993.

³ Zeichner, A. et al. "Alcohol and Aggression: Effects of Personal Threat on Human Aggression and Affective Arousal," *Alcoholism: Clinical and Experimental Research* 18, 1994.

⁴ Yang, B. "The Economy and Suicide," *American Journal of Economics and Sociology* 51, 1992.



The Rate of Aggravated Assault in Washington State Remains Well Below the National Rate, and Continues to Decline.

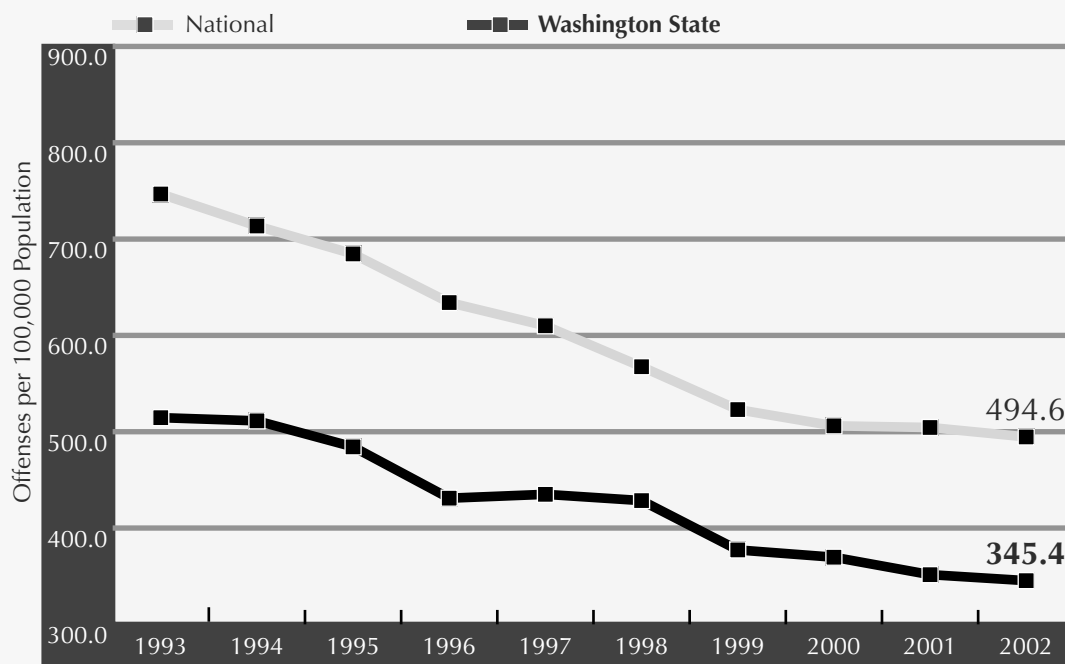


Source: National data from the Federal Bureau of Investigation, U.S. Department of Justice, *Crime in the United States* annual reports. State data from Washington Association of Sheriffs & Police Chiefs, *Crime in Washington State* annual reports.

The federal Uniform Crime Reporting Program defines an aggravated assault as the unlawful attack by one person on another for the purpose of inflicting or aggravating bodily injury. An assault of this type is usually accompanied by the use of a weapon, or by means likely to produce death or severe harm.

This graph indicates that Washington State has a consistently lower rate of aggravated assaults than the nation. The rate has declined 34.0% since 1993.

Washington State Consistently Has a Lower Rate of Violent Crime than the Nation.



Source: National and state data from the Federal Bureau of Investigation, U.S. Department of Justice, *Crime in the United States* annual reports.

This graph indicates that Washington State has had a consistently lower incidence of violent crime than the nation for more than a decade. Violent crime rates are falling, both in the state and the nation. The Arrestee Drug Abuse Monitoring Program found that in 2001, 63.6% of males arrested for violent offenses in King County and 61.6% of males arrested for violent offenses in Spokane County tested positive for illegal drugs.¹

The most serious felony crimes against persons comprise the violent crime index. These offenses include murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault. All violent crimes involve force or the threat of force. This index is based upon offenses that become known to police, regardless of whether or not an arrest occurs.

¹ Arrestee Drug Abuse Monitoring Program, Office of Justice Programs, National Institute of Justice. *Drug Use and Related Matters Among Adult Arrestees, 2001*. Washington, DC: U.S. Department of Justice, 2002.

The Problem: Substance Abuse Prevalence & Trends

**AREAS OF
SUBSTANCE
ABUSE
IMPACT**

Birth Defects/
Complications

Accident
Risks

Health
Consequences

Infectious
Diseases

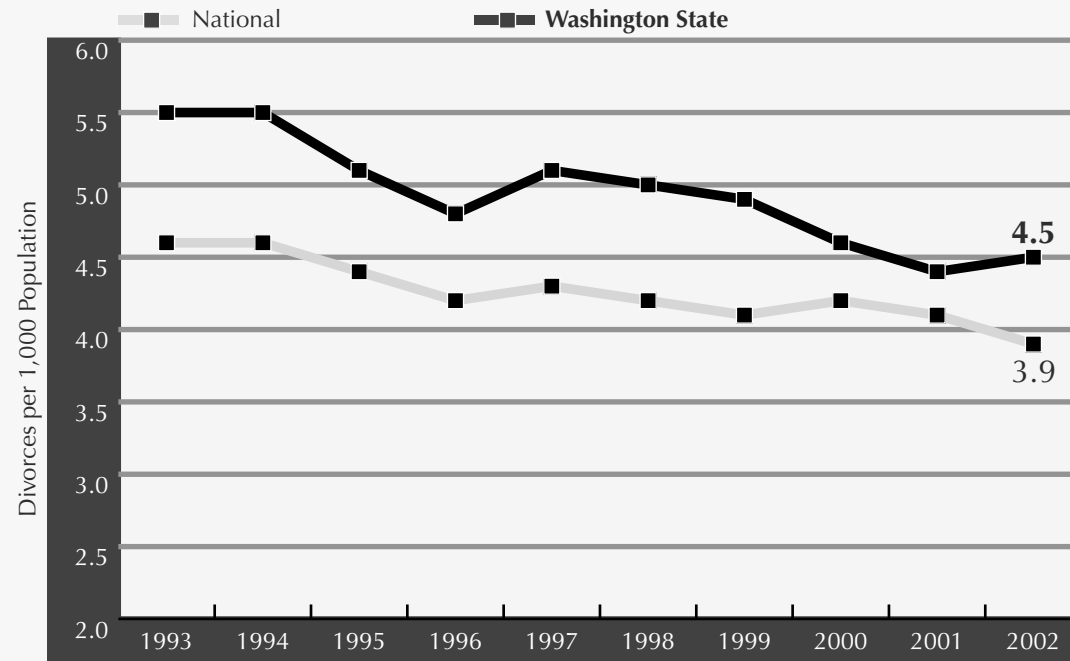
Crime

Violence

Family
Distress



The Divorce Rate in Washington State Has Declined Over the Past Decade.



Source: National data from the National Vital Statistics System, National Center for Health Statistics, Centers for Disease Control and Prevention. State data from the Center for Health Statistics, Washington State Department of Health.

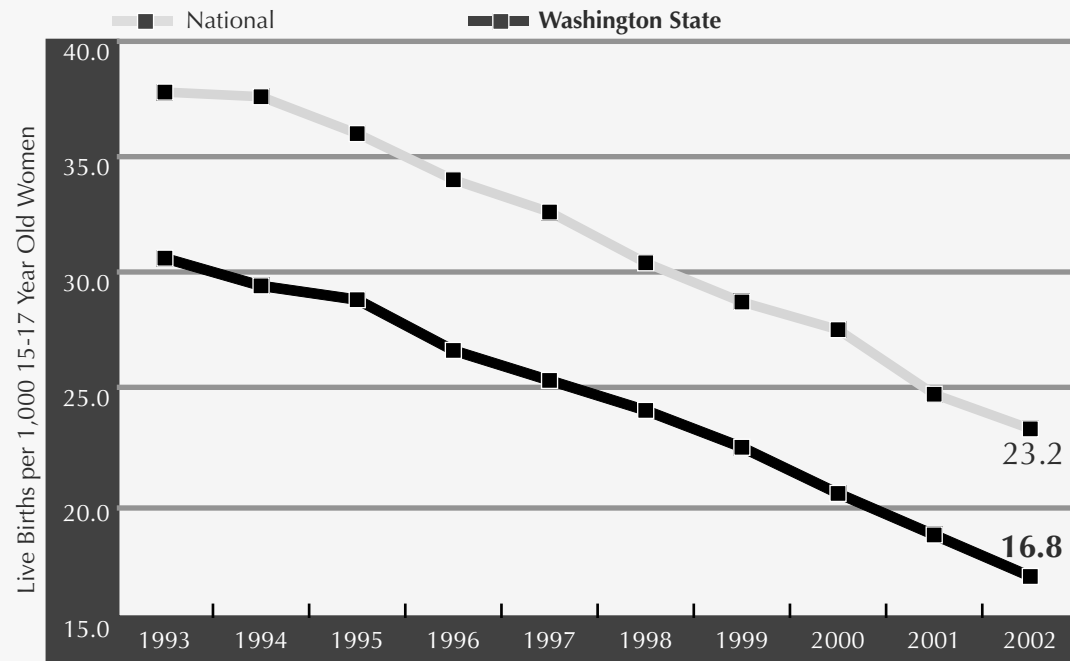
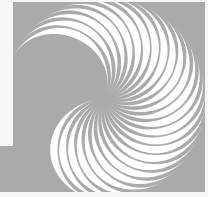
Studies indicate that children from homes broken by marital discord are at a higher risk of drug use.¹

This graph indicates that couples in Washington State experience more divorces (including annulments) than couples nationally. In 2002, at least 51.5% of the 27,205 divorces in Washington State involved families with children.² Caution must be exercised in interpreting divorce rates, as they are computed based on the total population, rather than upon the number of individuals actually married.

¹ Kabel, J. et al., *Profile on Risk and Protection for Substance Abuse Planning in Washington State*. Olympia, WA: Department of Social and Health Services, Division of Alcohol and Substance Abuse and Research and Data Analysis, 1997.

² Washington State Department of Health, Center for Health Statistics, 2003.

The Birth Rate Among Teens Ages 15-17 in Washington State and Nationally is in Steep Decline.



Source: National data from the National Vital Statistics System, National Center for Health Statistics, Centers for Disease Control and Prevention. State data from the Center for Health Statistics, Washington State Department of Health.

Teen pregnancy has long been associated with alcohol and other drug use. In a survey of women in Washington State who were 18 years old or younger at the time of their first pregnancy, almost one quarter reported having used alcohol or another drug when they first became pregnant, and 36% reported that their partner used alcohol or drugs at that time.¹ Alcohol and drug use in pregnancy is closely associated with a range of health effects among children, including Fetal Alcohol Syndrome and mental retardation. Maternal age is also a significant risk factor for infant mortality.²

This graph indicates that the rate of births per thousand among teens ages 15-17 is lower in Washington State than the nation, and continues to fall. In 2002, births to women under age 18 represented 2.8% of all births in Washington State.³

¹ Boer, D., & Fine, D., "Sexual Abuse as a Factor in Adolescent Pregnancy and Child Maltreatment," *Family Planning Perspectives* 241(1), 1992, 4-12.

² U.S. Department of Health and Human Services, *Healthy People 2010* (Conference Edition), 16-3. Washington, DC: 2000.

³ Washington State Department of Health, Center for Health Statistics, 2003.

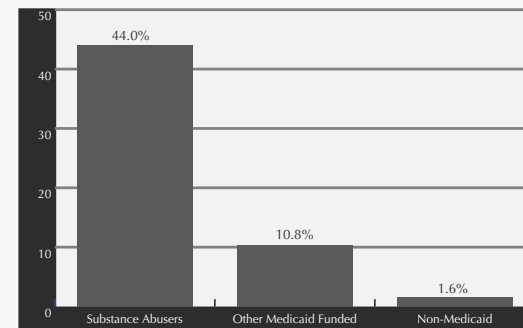


Infants Born to Low-Income Substance-Abusing Women Account for a Disproportionate Share of Child Protective Service (CPS) Referrals and Out-of-Home Placements.

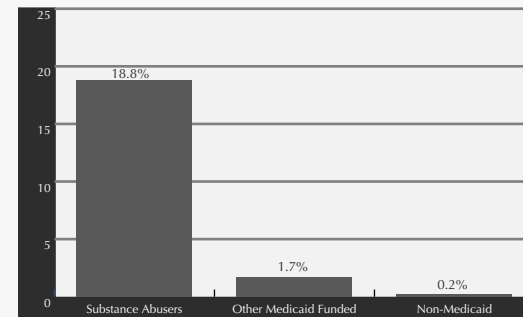
44% of Infants Born to Substance-Abusing Women Were Reported at “High Risk” of Imminent Harm.

18% of Infants Born to Substance-Abusing Women Were Placed Out of Home.

Percentage of Accepted CPS Referrals



Percentage of Out-of-Home Placements



Source: Cawthon, L., & Schrager. First Steps Database: Substance Abuse, Treatment, and Birth Outcomes. Office of Research and Data Analysis, Washington State Department of Social and Health Services, 1995.

Researchers have consistently found an association between alcohol and other drug abuse and virtually all forms of interpersonal violence, including child abuse and neglect. The 2001 Child Maltreatment Report from the National Clearinghouse on Child Abuse and Neglect Information found 903,000 substantiated claims of child maltreatment nationwide. The majority of these reports came from professional sources: legal, medical, social service, and educational professionals. Some 57% of reports were for neglect; 19% for physical abuse; 10% for sexual abuse; and 7% for psychological abuse. Children birth to age 3 accounted for 28% of substantiated reports.¹

¹ McDonald, W., et al., *Child Maltreatment 2001*. Washington, DC: National Clearinghouse on Child Abuse and Neglect Information, Children's Bureau, Administration for Children and Family Services, U.S. Department of Health and Human Services, 2003.

